

EXHIBIT 4

FORM PA

UNITED STATES COPYRIGHT OFFICE

REGISTRATION NUMBER	
PA	71-701
PA	PAU
EFFECTIVE DATE OF REGISTRATION	
June	17 1980
(Month)	(Day) (Year)

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE CONTINUATION SHEET (FORM PA/CON)

1 Title	TITLE OF THIS WORK: ASTEROIDS	NATURE OF THIS WORK: (See instructions) MOTION PICTURE
	PREVIOUS OR ALTERNATIVE TITLES:	

2 Author(s)	IMPORTANT: Under the law, the "author" of a "work made for hire" is generally the employer, not the employee (see instructions). If any part of this work was "made for hire" check "Yes" in the space provided, give the employer (or other person for whom the work was prepared) as "Author" of that part, and leave the space for dates blank.							
	1	<table border="1"> <tr> <td>NAME OF AUTHOR: Atari, Inc. Was this author's contribution to the work a "work made for hire"? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></td> <td>DATES OF BIRTH AND DEATH: Born _____ Died _____ (Year) (Year)</td> </tr> <tr> <td>AUTHOR'S NATIONALITY OR DOMICILE: Citizen of _____ or Domiciled in U.S.A. (Name of Country) (Name of Country)</td> <td>WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes <input type="checkbox"/> No <input type="checkbox"/> Pseudonymous? Yes <input type="checkbox"/> No <input type="checkbox"/> If the answer to either of these questions is "Yes," see detailed instructions attached.</td> </tr> <tr> <td colspan="2">AUTHOR OF: (Briefly describe nature of this author's contribution) CINEMATOGRAPHIC WORK</td> </tr> </table>	NAME OF AUTHOR: Atari, Inc. Was this author's contribution to the work a "work made for hire"? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	DATES OF BIRTH AND DEATH: Born _____ Died _____ (Year) (Year)	AUTHOR'S NATIONALITY OR DOMICILE: Citizen of _____ or Domiciled in U.S.A. (Name of Country) (Name of Country)	WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes <input type="checkbox"/> No <input type="checkbox"/> Pseudonymous? Yes <input type="checkbox"/> No <input type="checkbox"/> If the answer to either of these questions is "Yes," see detailed instructions attached.	AUTHOR OF: (Briefly describe nature of this author's contribution) CINEMATOGRAPHIC WORK	
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AUTHOR OF: (Briefly describe nature of this author's contribution)								

3 Creation and Publication	YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED: Year 1979 (This information must be given in all cases)	DATE AND NATION OF FIRST PUBLICATION: Date September 12 1979 (Month) (Day) (Year) Nation United States of America (Name of Country) (Complete this block ONLY if this work has been published)
-------------------------------	--	---

4 Claimant(s)	NAME(S) AND ADDRESS(ES) OF COPYRIGHT CLAIMANT(S): Atari, Inc. 1265 Borregas Avenue Sunnyvale, California 94086
	TRANSFER: (If the copyright claimant(s) named here in space 4 are different from the author(s) named in space 2, give a brief statement of how the claimant(s) obtained ownership of the copyright.)

- Complete all applicable spaces (numbers 5-9) on the reverse side of this page
- Follow detailed instructions attached • Sign the form at line 8

DO NOT WRITE HERE

Page 1 of ... Pages

REGISTRATION NUMBER	
TX	462-689
TXU	
DATE OF REGISTRATION	
1/1/80	29 80
(Month)	(Day) (Year)

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE CONTINUATION SHEET (FORM TXCOM)

1 Title	TITLE OF THIS WORK:		PREVIOUS OR ALTERNATIVE TITLES:
	COCKTAIL ASTEROIDS TM Operation, Maintenance and Service Manual (TM-150)		
	If a periodical or serial give: Vol. No. Issue Date		
PUBLICATION AS A CONTRIBUTION: (If this work was published as a contribution to a periodical, serial, or collection, give information about the collective work in which the contribution appeared)			
Title of Collective Work: Vol. No. Issue Date Page			

2 Author(s)	IMPORTANT: Under the law, the "author" of a "work made for hire" is generally the employer, not the employee (see instructions at any part of this work was "made for hire" check "Yes" in the space provided, give the employer, or for other person for whom the work was prepared as "Author" of that part, and leave the space for dates blank.		
	1	NAME OF AUTHOR: Atari, Inc. Was this author's contribution to the work a "work made for hire"? Yes <input checked="" type="checkbox"/> No	DATE OF BIRTH AND DEATH Born: Died:
		AUTHOR'S NATIONALITY OR DOMICILE: Citizen of or Domiciled in U.S.A. (Name of Country) (Name of Country)	WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK Arrangement? Yes No Publication? Yes No
		AUTHOR OF: (Briefly describe nature of this author's contribution) Entire text	If the answer to either of these questions is "Yes" see detailed instructions attached
	2	NAME OF AUTHOR: ----- Was this author's contribution to the work a "work made for hire"? Yes No	DATE OF BIRTH AND DEATH Born: Died:
		AUTHOR'S NATIONALITY OR DOMICILE: Citizen of or Domiciled in (Name of Country) (Name of Country)	WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK Arrangement? Yes No Publication? Yes No
		AUTHOR OF: (Briefly describe nature of this author's contribution)	If the answer to either of these questions is "Yes" see detailed instructions attached
	3	NAME OF AUTHOR: ----- Was this author's contribution to the work a "work made for hire"? Yes No	DATE OF BIRTH AND DEATH Born: Died:
		AUTHOR'S NATIONALITY OR DOMICILE: Citizen of or Domiciled in (Name of Country) (Name of Country)	WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK Arrangement? Yes No Publication? Yes No
		AUTHOR OF: (Briefly describe nature of this author's contribution)	If the answer to either of these questions is "Yes" see detailed instructions attached

3 Creation and Publication	YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED: Year: 1980 (This information must be given in all cases)	DATE AND NATION OF FIRST PUBLICATION: Date: April 21 1980 Nation: U.S.A. (Complete this block (TXC) if this work has been published)
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4 Claimant(s)	NAME(S) AND ADDRESS(ES) OF COPYRIGHT CLAIMANT(S): Atari, Inc. P. O. Box 427 1272 Borregas Avenue Sunnyvale, CA 94086
	TRANSFER: (If the copyright claimant(s) named here in space 4 are different from the author(s) named in space 2, give a brief statement of how the claimant(s) obtained ownership of the copyright)

- Complete all applicable spaces (numbers 5-11) on the reverse side of this page
- Follow detailed instructions attached
- Sign the form at line 10

DO NOT WRITE HERE
Page 3 of 2 pages

TX

462-689

EXAMINED BY: <i>[Signature]</i>	FILED: APR 29 1980	FOR COPYRIGHT OFFICE USE ONLY
CHECKED BY: <i>[Signature]</i>	DEPOSIT RECEIVED: APR 29 1980 APR 29 1980	
CORRESPONDENCE: <input type="checkbox"/> Yes	REMITTANCE NUMBER AND DATE:	
DEPOSIT ACCOUNT FUNDS USED: <input checked="" type="checkbox"/>		

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED ADDITIONAL SPACE, USE CONTINUATION SHEET (FORM TX/CON)

PREVIOUS REGISTRATION:

- Has registration for this work or for an earlier version of this work already been made in the Copyright Office? Yes **XX** No
- If your answer is "Yes" why is another registration being sought? (Check appropriate box)
 - ☐ This is the first published edition of a work previously registered in unpublished form
 - ☐ This is the first application submitted by the author as copyright claimant
 - ☒ This is a changed version of the work, as shown by line 6 of this application
- If your answer is "Yes" give Previous Registration Number 364 242 Year of Registration 1979

5

Previous
Registration

COMPILATION OR DERIVATIVE WORK: (See instructions)

PREEXISTING MATERIAL (Identify any preexisting work or works that this work is based on or incorporates)

ASTEROIDS™ Operation, Maintenance, and Service Manual... (TM-143)

MATERIAL ADDED TO THIS WORK (Give a brief, general statement of the material that has been added to this work and in which copyright is claimed)
Changed almost all figures; also about 60% of the text.

6

Compilation
or
Derivative
Work

MANUFACTURERS AND LOCATIONS: (If this is a published work consisting preponderantly of nondramatic literary material in English, the law may require that the copies be manufactured in the United States or Canada for full protection. If so, the names of the manufacturers who performed certain processes, and the places where these processes were performed must be given. See instructions for details.)

NAMES OF MANUFACTURERS

Printing:

Consolidated Publications Inc.

PLACES OF MANUFACTURE

3400 Bayshore Road, Palo Alto, CA 94303

7

Manufacturing

REPRODUCTION FOR USE OF BLIND OR PHYSICALLY-HANDICAPPED PERSONS: (See instructions)

- Signature of this form at space 10, and a check in one of the boxes here in space 8, constitutes a non exclusive grant of permission to the Library of Congress to reproduce and distribute widely for the blind and physically handicapped and under the conditions and limitations prescribed by the regulations of the Copyright Office: (1) copies of the work identified in space 1 of this application in Braille for similar tactile symbols; or (2) phonorecords embodying a fixation of a reading of that work; or (3) both

☐ Copies and phonorecords☐ Copies Only☐ Phonorecords Only

8

License
For
Handicapped

DEPOSIT ACCOUNT: (If the registration fee is to be charged to a Deposit Account established in the Copyright Office, give name and number of Account)

Name Atari Inc. / Coin-Op Engineering
Account Number DA 055360

CORRESPONDENCE: (Give name and address to which correspondence about this application should be sent.)

Name Andrea Dencker / Atari, Inc.
Address P. O. Box 427
Sunnyvale, Ca 94086 (Adi.)
(City) (State) (ZIP)

9

Fee and
Correspondence

CERTIFICATION: * I, the undersigned, hereby certify that I am the. (Check one)

☐ author ☐ other copyright claimant ☐ owner of exclusive rights ☒ authorized agent of

Atari, Inc.

(Name of author or other copyright claimant or owner of exclusive right(s))

of the work identified in this application and that the statements made by me in this application are correct to the best of my knowledge.

Handwritten signature: (X) *Andrea Dencker*

Typed or printed name

Andrea Dencker / Atari, Inc. Date 4/23/80

10

Certification
(Application
must be
signed)

Andrea Dencker / Atari, Inc.

(Name)

P. O. Box 427, 1272 Borregas Avenue

(Number, Street and Apartment Number)

Sunnyvale, CA 94086

(City)

(State)

(ZIP code)

MAIL
CERTIFICATE
TO
MAY 22 1980
(Certificate will
be mailed in
window envelope)

11

Address
For Return
of
Certificate

FORM TX

UNITED STATES COPYRIGHT OFFICE

REGISTRATION NUMBER	
TX	683-133
TX	TXU
EFFECTIVE DATE OF REGISTRATION	
April	22, 1981
(Month)	(Day) (Year)

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE CONTINUATION SHEET (FORM TX/CON)

1 Title	TITLE OF THIS WORK:		PREVIOUS OR ALTERNATIVE TITLES:
	ASTEROIDS/CABARET Operation, Maintenance and Service Manual (TM-155)		
	If a periodical or serial give Vol. No. Issue Date		
PUBLICATION AS A CONTRIBUTION: (If this work was published as a contribution to a periodical, serial, or collection, give information about the collective work in which the contribution appeared.)			
Title of Collective Work Vol. No. Date Pages			

2 Author(s)	IMPORTANT: Under the law, the "author" of a "work made for hire" is generally the employer, not the employee (see instructions). If any part of this work was "made for hire" check "Yes" in the space provided, give the employer (or other person for whom the work was prepared) as "Author" of that part, and leave the space for dates blank.			
	1	NAME OF AUTHOR: Atari, Inc. Was this author's contribution to the work a "work made for hire"? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		DATES OF BIRTH AND DEATH: Born (Year) Died (Year)
		AUTHOR'S NATIONALITY OR DOMICILE: Citizen of { } or { Domiciled in U.S.A. (Name of Country)		WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes No <input checked="" type="checkbox"/> Pseudonym? Yes No <input checked="" type="checkbox"/> If the answer to either of these questions is "Yes," see detailed instructions attached.
		AUTHOR OF: (Briefly describe nature of this author's contribution) Entire text and illustrations		
	2	NAME OF AUTHOR: Was this author's contribution to the work a "work made for hire"? Yes No		DATES OF BIRTH AND DEATH: Born (Year) Died (Year)
		AUTHOR'S NATIONALITY OR DOMICILE: Citizen of { } or { Domiciled in (Name of Country)		WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes No Pseudonym? Yes No If the answer to either of these questions is "Yes," see detailed instructions attached.
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		AUTHOR'S NATIONALITY OR DOMICILE: Citizen of { } or { Domiciled in (Name of Country)		WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes No Pseudonym? Yes No If the answer to either of these questions is "Yes," see detailed instructions attached.
AUTHOR OF: (Briefly describe nature of this author's contribution)				

3 Creation and Publication	YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED: Year 1980 (This information must be given in all cases)	DATE AND NATION OF FIRST PUBLICATION: Date June 9, 1980 (Month) (Day) (Year) Nation U.S.A. (Name of Country) (Complete this block ONLY if this work has been published)
-------------------------------	--	--

4 Claimant(s)	NAME(S) AND ADDRESS(ES) OF COPYRIGHT CLAIMANT(S): Atari, Inc. P. O. Box 427 Sunnyvale, CA 94086
	TRANSFER: (If the copyright claimant(s) named here in space 4 are different from the author(s) named in space 2, give a brief statement of how the claimant(s) obtained ownership of the copyright.)

* Added by C.O. authority
telephone conversation of
5/13/81 with Anrea M. Dencker
of Atari, Inc.

TX

683-133

EXAMINED BY
CHECKED BY

APPLICATION RECEIVED

22 APR 1981

CORRESPONDENCE

☐ Yes

DEPOSIT RECEIVED

22 APR 1981

22 APR 1981

DEPOSIT ACCOUNT
FUNDS USED

REMITTANCE NUMBER AND DATE

FOR
COPYRIGHT
OFFICE
USE
ONLY

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED ADDITIONAL SPACE, USE CONTINUATION SHEET (FORM TX/COM)

PREVIOUS REGISTRATION:

- Has registration for this work, or for an earlier version of this work, already been made in the Copyright Office? Yes ☒ No ☒ XX
- If your answer is "Yes," why is another registration being sought? (Check appropriate box)
 - ☐ This is the first published edition of a work previously registered in unpublished form
 - ☐ This is the first application submitted by this author as copyright claimant
 - ☐ This is a changed version of the work, as shown by line 6 of this application
- If your answer is "Yes," give Previous Registration Number _____ Year of Registration _____

5

Previous
Registration

COMPILATION OR DERIVATIVE WORK: (See instructions)

PREEXISTING MATERIAL: (Identify any preexisting work or works that this work is based on or incorporates)

* { Previously published 1979 edition

MATERIAL ADDED TO THIS WORK: (Give a brief, general statement of the material that has been added to this work and in which copyright is claimed)

* { New Illustrations, additional text and editorial revisions

6

Compilation
or
Derivative
Work

MANUFACTURERS AND LOCATIONS: (If this is a published work consisting preponderantly of nondramatic literary material in English, the law may require that the copies be manufactured in the United States or Canada for full protection. If so, the names of the manufacturers who performed certain processes, and the places where these processes were performed must be given. See instructions for details)

NAMES OF MANUFACTURERS

Atari, Inc. (typeset in-house)

PLACES OF MANUFACTURE

P. O. Box 427, Sunnyvale, CA 94086

Consolidated Publications, Inc. (printer)

1127 Sonora Ct., Sunnyvale, CA 94086

7

Manufacturing

REPRODUCTION FOR USE OF BLIND OR PHYSICALLY-HANDICAPPED PERSONS: (See instructions)

- Signature of this form at space 10, and a check in one of the boxes here in space 8, constitutes a non-exclusive grant of permission to the Library of Congress to reproduce and distribute solely for the blind and physically handicapped and under the conditions and limitations prescribed by the regulations of the Copyright Office: (1) copies of the work identified in space 1 of this application in Braille (or similar tactile symbols) or (2) phonorecords embodying a fixation of a reading of that work; or (3) both

a ☐ Copies and phonorecordsb ☐ Copies Onlyc ☐ Phonorecords Only

8

License
For
Handicapped

DEPOSIT ACCOUNT: (If the registration fee is to be charged to a Deposit Account established in the Copyright Office, give name and number of Account)

Name: Atari, Inc./Coin-Op Engineering

Account Number: DA055360

CORRESPONDENCE: (Give name and address to which correspondence about this application should be sent)

Name: Andrea Dencker / Atari, Inc.

Address: P. O. Box 427

Sunnyvale, Calif. 94086

(City)

(State)

(Zip)

9

Fee and
Correspondence

CERTIFICATION: * I, the undersigned, hereby certify that I am the: (Check one)

☐ author ☐ other copyright claimant ☐ owner of exclusive rights ☒ authorized agent of

Atari, Inc.

of the work identified in this application and that the statements made by me in this application are correct to the best of my knowledge



Handwritten signature (X)

Typed or printed name

Andrea Dencker

Date 4/16/81

10

Certification
(Application must be signed)

Andrea M. Dencker / Atari, Inc.

(Name)

P. O. Box 427

(Number, Street and Apartment Number)

Sunnyvale, CA 94086

(City)

(State)

(ZIP Code)

MAIL
CERTIFICATE
TO(Certificate will
be mailed in
window envelope)

11

Address
For Return
of
Certificate

FORM TX

UNITED STATES COPYRIGHT OFFICE

REGISTRATION NUMBER	
TX	676-860
TX	TXU
EFFECTIVE DATE OF REGISTRATION	
April	22 1981
(Month)	(Day) (Year)

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE CONTINUATION SHEET (FORM TX/CON)

1 Title	TITLE OF THIS WORK: ASTEROIDS DELUXE/CABARET Operation, Maintenance and Service Manual (TM-173)		PREVIOUS OR ALTERNATIVE TITLES:
	If a periodical or serial give: Vol. No. Issue Date		
	PUBLICATION AS A CONTRIBUTION: (If this work was published as a contribution to a periodical, serial, or collection, give information about the collective work in which the contribution appeared.) Title of Collective Work: Vol. No. Date Pages		

2 Author(s)	IMPORTANT: Under the law, the "author" of a "work made for hire" is generally the employer, not the employee (see instructions). If any part of this work was "made for hire" check "Yes" in the space provided, give the employer (or other person for whom the work was prepared) as "Author" of that part, and leave the space for dates blank.		
	1	NAME OF AUTHOR: Atari, Inc. Was this author's contribution to the work a "work made for hire"? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	DATES OF BIRTH AND DEATH: Born Died
		AUTHOR'S NATIONALITY OR DOMICILE: Citizen of } or { Domiciled in U.S.A. (Name of Country) (Name of Country)	WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes No <input checked="" type="checkbox"/> Pseudonymous? Yes No <input checked="" type="checkbox"/> If the answer to either of these questions is "Yes," see detailed instructions attached.
		AUTHOR OF: (Briefly describe nature of this author's contribution) Entire text and illustrations	
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3 Creation and Publication	YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED: Year 1981 (This information must be given in all cases)	DATE AND NATION OF FIRST PUBLICATION: Date March 26, 1981 (Month) (Day) (Year) Nation U.S.A. (Name of Country) (Complete this block ONLY if this work has been published)
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4 Claimant(s)	NAME(S) AND ADDRESS(ES) OF COPYRIGHT CLAIMANT(S): Atari, Inc. P. O. Box 427 Sunnyvale, CA 94086
	TRANSFER: (If the copyright claimant(s) named here in space 4 are different from the author(s) named in space 2, give a brief statement of how the claimant(s) obtained ownership of the copyright.)

• Complete all applicable spaces (numbers 5-11) on the reverse side of this page
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DO NOT WRITE HERE
Page 1 of 1 pages

TX 676-880	EXAMINED BY <i>193</i>	APPLICATION RECEIVED 22 APR 1981	FOR COPYRIGHT OFFICE USE ONLY
	CHECKED BY <i>193</i>	DEPOSIT RECEIVED 22 APR 1981 22 APR 1981	
	CORRESPONDENCE <input type="checkbox"/> Yes	REMITTANCE NUMBER AND DATE	
	DEPOSIT ACCOUNT FUNDS USED <input checked="" type="checkbox"/>		

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED ADDITIONAL SPACE, USE CONTINUATION SHEET (FORM TX/CON)

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Consolidated Publications, Inc. (printing)

PLACES OF MANUFACTURE

P. O. Box 427, Sunnyvale, CA 94086

1127 Sonora Ct., Sunnyvale, CA 94086

7

Manufacturing

REPRODUCTION FOR USE OF BLIND OR PHYSICALLY-HANDICAPPED PERSONS: (See instructions)

- Signature of this form at space 10, and a check in one of the boxes here in space 8, constitutes a non-exclusive grant of permission to the Library of Congress to reproduce and distribute solely for the blind and physically handicapped and under the conditions and limitations prescribed by the regulations of the Copyright Office: (1) copies of the work identified in space 1 of this application in Braille for similar tactile symbols; or (2) phonorecords embodying a statement of a reading of that work; or (3) both.

☐ Copies and phonorecords☐ Copies Only☐ Phonorecords Only

8

License
for
Handicapped

DEPOSIT ACCOUNT: (If the registration fee is to be charged to a Deposit Account established in the Copyright Office, give name and number of Account.)

Name: Atari, Inc./Coin-Op Engineering

Account Number: DA055360

CORRESPONDENCE: (Give name and address to which correspondence about this application should be sent.)

Name: Andrea Dencker / Atari, Inc.

Address: P. O. Box 427
Sunnyvale, Calif. 94086

9

Fee and
Correspondence

CERTIFICATION: * I, the undersigned, hereby certify that I am the: (Check one)

☐ author ☐ other copyright claimant ☐ owner of exclusive rights ☒ authorized agent of

of the work identified in this application and that the statements made by me in this application are correct to the best of my knowledge.



Handwritten signature. (X)

Typed or printed name

Andrea Dencker

Date 4/16/81

10

Certification
(Application
must be
signed)

Andrea M. Dencker / Atari, Inc.

(Name)

P. O. Box 427

(Number, Street and Apartment Number)

Sunnyvale, Calif. 94086

(City)

(State)

(ZIP code)

MAIL
CERTIFICATE
TO(Certificate will
be mailed in
window envelope)

11

Address
For Return
of
Certificate

FORM TX

UNITED STATES COPYRIGHT OFFICE

REGISTRATION NUMBER	
TX	744-954
TX	TXU
EFFECTIVE DATE OF REGISTRATION	
03 AUG 1981	
Month	Day Year

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE CONTINUATION SHEET

1 Title	TITLE OF THIS WORK: ASTEROIDS DELUXE/COCKTAIL Operation, Maintenance and Service Manual (TM-174)		PREVIOUS OR ALTERNATIVE TITLES:
	If a periodical or serial give Vol. No. Issue Date		
	PUBLICATION AS A CONTRIBUTION: (If this work was published as a contribution to a periodical, serial, or collection, give information about the collective work in which the contribution appeared.) Title of Collective Work Vol. No. Date Pages		

2 Author(s)	IMPORTANT: Under the law, the "author" of a "work made for hire" is generally the employer, not the employee (see instructions). If any part of this work was "made for hire" check "Yes" in the space provided, give the employer (or other person for whom the work was prepared) as "Author" of that part, and leave the space for dates blank.		
	1	NAME OF AUTHOR: Atari, Inc. Was this author's contribution to the work a "work made for hire"? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	DATES OF BIRTH AND DEATH: Born (Year) Died (Year)
		AUTHOR'S NATIONALITY OR DOMICILE: Citizen of (Name of Country) } or { Domiciled in U.S.A. (Name of Country)	WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes No <input checked="" type="checkbox"/> Pseudonymous? Yes No <input checked="" type="checkbox"/> If the answer to either of these questions is "Yes, see detailed instructions attached"
		AUTHOR OF: (Briefly describe nature of this author's contribution) Entire text and illustrations	
	2	NAME OF AUTHOR: Was this author's contribution to the work a "work made for hire"? Yes No	DATES OF BIRTH AND DEATH: Born (Year) Died (Year)
		AUTHOR'S NATIONALITY OR DOMICILE: Citizen of (Name of Country) } or { Domiciled in (Name of Country)	WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes No Pseudonymous? Yes No If the answer to either of these questions is "Yes, see detailed instructions attached"
		AUTHOR OF: (Briefly describe nature of this author's contribution)	
	3	NAME OF AUTHOR: Was this author's contribution to the work a "work made for hire"? Yes No	DATES OF BIRTH AND DEATH: Born (Year) Died (Year)
		AUTHOR'S NATIONALITY OR DOMICILE: Citizen of (Name of Country) } or { Domiciled in (Name of Country)	WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes No Pseudonymous? Yes No If the answer to either of these questions is "Yes, see detailed instructions attached"
AUTHOR OF: (Briefly describe nature of this author's contribution)			

3 Creation and Publication	YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED: Year 1981 (This information must be given in all cases)	DATE AND NATION OF FIRST PUBLICATION: Date February 26, 1981 (Month) (Day) (Year) Nation U.S.A. (Name of Country) (Complete this block ONLY if this work has been published)
-------------------------------	--	---

4 Claimant(s)	NAME(S) AND ADDRESS(ES) OF COPYRIGHT CLAIMANT(S): Atari, Inc. P. O. Box 427 Sunnyvale, Calif. 94086
	TRANSFER: (If the copyright claimant(s) named here in space 4 are different from the author(s) named in space 2, give a brief statement of how the claimant(s) obtained ownership of the copyright.)

- Complete all applicable spaces (numbers 5-11) on the reverse side of this page
- Follow detailed instructions attached
- Sign the form at line 10

DO NOT WRITE HERE
Page 1 of 1 pages

TX 744-954	EXAMINED BY: <u>RLC</u>	APPLICATION RECEIVED: <u>1</u>	FOR COPYRIGHT OFFICE USE ONLY
	CHECKED BY: <u>RLC</u>	DEPOSIT RECEIVED: <u>1</u>	
	CORRESPONDENCE <input type="checkbox"/> Yes	REMITTANCE NUMBER AND DATE	
	DEPOSIT ACCOUNT FUNDS USED <input checked="" type="checkbox"/>		

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED ADDITIONAL SPACE, USE CONTINUATION SHEET (FORM TX/CON)

PREVIOUS REGISTRATION:

- Has registration for this work, or for an earlier version of this work, already been made in the Copyright Office? Yes..... No **XX**
- If your answer is "Yes," why is another registration being sought? (Check appropriate box)
 - ☐ This is the first published edition of a work previously registered in unpublished form.
 - ☐ This is the first application submitted by this author as copyright claimant
 - ☐ This is a changed version of the work, as shown by line 6 of this application.
- If your answer is "Yes," give: Previous Registration Number..... Year of Registration.....

5Previous
Registration

COMPILATION OR DERIVATIVE WORK: (See instructions)

PREEXISTING MATERIAL: (Identify any preexisting work or works that this work is based on or incorporates.)

MATERIAL ADDED TO THIS WORK: (Give a brief, general statement of the material that has been added to this work and in which copyright is claimed.)

6Compilation
or
Derivative
Work

MANUFACTURERS AND LOCATIONS: (If this is a published work consisting preponderantly of nondramatic literary material in English, the law may require that the copies be manufactured in the United States or Canada for full protection. If so, the names of the manufacturers who performed certain processes, and the places where these processes were performed must be given. See instructions for details.)

NAMES OF MANUFACTURERS

PLACES OF MANUFACTURE

Atari, Inc. (typeset in-house)
Consolidated Publications, Inc. (printer)P. O. Box 427, Sunnyvale, CA 94086
1127 Sonora Ct., Sunnyvale, CA 94086**7**

Manufacturing

REPRODUCTION FOR USE OF BLIND OR PHYSICALLY-HANDICAPPED PERSONS: (See instructions)

- Signature of this form at space 10, and a check in one of the boxes here in space 8, constitutes a non exclusive grant of permission to the Library of Congress to reproduce and distribute solely for the blind and physically handicapped and under the conditions and limitations prescribed by the regulations of the Copyright Office: (1) copies of the work identified in space 1 of this application in Braille (or similar tactile symbols), or (2) phonorecords embodying a fixation of a reading of that work, or (3) both

a ☐ Copies and phonorecordsb ☐ Copies Onlyc ☐ Phonorecords Only**8**License
For
Handicapped

DEPOSIT ACCOUNT: (If the registration fee is to be charged to a Deposit Account established in the Copyright Office, give name and number of Account)

Name: Atari, Inc./Coin-Op Engineering
Account Number: DA055360

CORRESPONDENCE: (Give name and address to which correspondence about this application should be sent.)

Name: Andrea Dencker / Atari, Inc.
Address: P. O. Box 427
Sunnyvale, Calif. 94086 (Apt)
(City) (State) (ZIP)**9**Fee and
Correspondence

CERTIFICATION: * I, the undersigned, hereby certify that I am the (Check one)

☐ author ☐ other copyright claimant ☐ owner of exclusive right(s) ☒ authorized agent of

of the work identified in this application and that the statements made by me in this application are correct to the best of my knowledge.



Handwritten signature: (X)

Typed or printed name:

Andrea M. Dencker

Date: 7/28/81

10Certification
(Application must be signed)

Andrea M. Dencker / Atari, Inc.

P. O. Box 427

(Number, Street and Apartment Number)

Sunnyvale, California 94086

(City)

(State)

(ZIP code)

MAIL
CERTIFICATE
TO(Certificate will
be mailed in
window envelope)**11**Address
For Return
of
Certificate

FORM VA

UNITED STATES COPYRIGHT OFFICE

REGISTRATION NUMBER

VAii

24-510

VA

VALU

EFFECTIVE DATE OF REGISTRATION

20 APR 1981

(Month)

(Day)

(Year)

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE CONTINUATION SHEET (FORM VA/CON)

1 Title	TITLE OF THIS WORK: ASTEROIDS DELUXE PC Board Fabrication (036472-01)	NATURE OF THIS WORK: (See instructions) Technical drawing
	Previous or Alternative Titles	
	PUBLICATION AS A CONTRIBUTION: (If this work was published as a contribution to a periodical, serial, or collection, give information about the collective work in which the contribution appeared.) Title of Collective Work _____ Vol. _____ No. _____ Date _____ Pages _____	

2 Author(s)	IMPORTANT: Under the law, the "author" of a "work made for hire" is generally the employer, not the employee (see instructions). If any part of this work was "made for hire," check "Yes" in the space provided, give the employer (or other person for whom the work was prepared) as "Author" of that part, and leave the space for dates blank.		
	1	NAME OF AUTHOR: Atari, Inc. Was this author's contribution to the work a "work made for hire"? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	DATES OF BIRTH AND DEATH: Born _____ (Year) Died _____ (Year)
		AUTHOR'S NATIONALITY OR DOMICILE: Citizen of _____ (Name of Country) } or { Domiciled in U.S.A. (Name of Country)	WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Pseudonymous? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If the answer to either of these questions is "Yes," see detailed instructions attached.
		AUTHOR OF: (Briefly describe nature of this author's contribution) Technical drawing	
	2	NAME OF AUTHOR: Was this author's contribution to the work a "work made for hire"? Yes <input type="checkbox"/> No <input type="checkbox"/>	DATES OF BIRTH AND DEATH: Born _____ (Year) Died _____ (Year)
		AUTHOR'S NATIONALITY OR DOMICILE: Citizen of _____ (Name of Country) } or { Domiciled in _____ (Name of Country)	WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes <input type="checkbox"/> No <input type="checkbox"/> Pseudonymous? Yes <input type="checkbox"/> No <input type="checkbox"/> If the answer to either of these questions is "Yes," see detailed instructions attached.
		AUTHOR OF: (Briefly describe nature of this author's contribution)	
	3	NAME OF AUTHOR: Was this author's contribution to the work a "work made for hire"? Yes <input type="checkbox"/> No <input type="checkbox"/>	DATES OF BIRTH AND DEATH: Born _____ (Year) Died _____ (Year)
		AUTHOR'S NATIONALITY OR DOMICILE: Citizen of _____ (Name of Country) } or { Domiciled in _____ (Name of Country)	WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes <input type="checkbox"/> No <input type="checkbox"/> Pseudonymous? Yes <input type="checkbox"/> No <input type="checkbox"/> If the answer to either of these questions is "Yes," see detailed instructions attached.
		AUTHOR OF: (Briefly describe nature of this author's contribution)	

3 Creation and Publication	YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED: Year 1981 (This information must be given in all cases.)	DATE AND NATION OF FIRST PUBLICATION: Date _____ (Month) _____ (Day) _____ (Year) Nation _____ (Name of Country) (Complete this block ONLY if this work has been published.)
--------------------------------------	--	--

4 Claimant(s)	NAME(S) AND ADDRESS(ES) OF COPYRIGHT CLAIMANT(S): Atari, Inc. P. O. Box 427 Sunnyvale, CA 94086
	TRANSFER: (If the copyright claimant(s) named here in space 4 are different from the author(s) named in space 2, give a brief statement of how the claimant(s) obtained ownership of the copyright.)

- Complete all applicable spaces (numbers 5-9) on the reverse side of this page
- Follow detailed instructions attached
- Sign the form at line 8

DO NOT WRITE HERE

Page 1 of 2 pages

VAu 24-51u	EXAMINED BY <i>REC 111</i> CHECKED BY <i>221</i>	APPLICATION RECEIVED _____	FOR COPYRIGHT OFFICE USE ONLY
	CORRESPONDENCE <input type="checkbox"/> Yes	DEPOSIT RECEIVED 20 APR 1981 20 APR 1981	
	DEPOSIT ACCOUNT FUNDS USED <input checked="" type="checkbox"/>	REMITTANCE NUMBER AND DATE _____	

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED ADDITIONAL SPACE, USE CONTINUATION SHEET (FORM VA/CON)

PREVIOUS REGISTRATION:

- Has registration for this work, or for an earlier version of this work, already been made in the Copyright Office? Yes ☐ No ☒ **XX**
- If your answer is "Yes," why is another registration being sought? (Check appropriate box)
 - ☐ This is the first published edition of a work previously registered in unpublished form
 - ☐ This is the first application submitted by this author as copyright claimant
 - ☐ This is a changed version of the work, as shown by line 6 of the application
- If your answer is "Yes," give Previous Registration Number _____ Year of Registration _____

5Previous
Registration

COMPILATION OR DERIVATIVE WORK: (See instructions)

PREEXISTING MATERIAL (Identify any preexisting work or works that this work is based on or incorporates.)

MATERIAL ADDED TO THIS WORK: (Give a brief, general statement of the material that has been added to this work and in which copy right is claimed.)

6Compilation
or
Derivative
Work

DEPOSIT ACCOUNT: (If the registration fee is to be charged to a Deposit Account established in the Copyright Office, give name and number of Account.)

Name **Atari, Inc./Coin-Op Engineering**Account Number **DA055360**

CORRESPONDENCE: (Give name and address to which correspondence about this application should be sent.)

Name **Andrea Dencker / Atari, Inc.**Address **P. O. Box 427****Sunnyvale, Calif. 94086**

(City) (State) (ZIP code)

7Fee and
Correspondence

CERTIFICATION: * I, the undersigned, hereby certify that I am the (Check one)

☐ author ☐ other copyright claimant ☐ owner of exclusive right(s) ☒ authorized agent of

of the work identified in this application and that the statements made by me in this application are correct to the best of my knowledge.



Handwritten signature (X)

Typed or printed name

Andrea Dencker**Atari, Inc.**

(Name of author or other copyright claimant or owner of exclusive right(s))

Date **4/15/81****8**Certification
(Application must be signed)**Andrea M. Dencker / Atari, Inc.**

(Name)

P. O. Box 427

(Number, Street and Apartment Number)

Sunnyvale, CA 94086

(City)

(State)

(ZIP code)

**MAIL
CERTIFICATE
TO**

(Certificate will
be mailed in
window envelope)

9Address
For Return
of
Certificate

FORM TX

UNITED STATES COPYRIGHT OFFICE

REGISTRATION NUMBER	
TX	756-750
TX	TXU
EFFECTIVE DATE OF REGISTRATION	
8	19 81
Month	Day Year

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE CONTINUATION SHEET

1 Title	TITLE OF THIS WORK: "ASTEROIDS" IV Computer Program (coin-op)		PREVIOUS OR ALTERNATIVE TITLES:
	If a periodical or serial give: Vol. No. Issue Date		
	PUBLICATION AS A CONTRIBUTION: (If this work was published as a contribution to a periodical, serial, or collection, give information about the collective work in which the contribution appeared.) Title of Collective Work: Vol. No. Date Pages		

2 Author(s)	IMPORTANT: Under the law, the "author" of a "work made for hire" is generally the employer, not the employee (see instructions). If any part of this work was "made for hire" check "Yes" in the space provided, give the employer (or other person for whom the work was prepared) as "Author" of that part, and leave the space for dates blank.		
	1	NAME OF AUTHOR: ATARI, INC. Was this author's contribution to the work a "work made for hire"? Yes <input checked="" type="checkbox"/> No	DATES OF BIRTH AND DEATH: Born (Year) Died (Year)
		AUTHOR'S NATIONALITY OR DOMICILE: Citizen of } or { Domiciled in U.S.A. (Name of Country) (Name of Country)	WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes No <input checked="" type="checkbox"/> Pseudonymous? Yes No <input checked="" type="checkbox"/> If the answer to either of these questions is "Yes, see detailed instructions attached"
		AUTHOR OF: (Briefly describe nature of this author's contribution) Entire Computer Program - See Space 6	
	2	NAME OF AUTHOR: Was this author's contribution to the work a "work made for hire"? Yes No	DATES OF BIRTH AND DEATH: Born (Year) Died (Year)
		AUTHOR'S NATIONALITY OR DOMICILE: Citizen of } or { Domiciled in (Name of Country) (Name of Country)	WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes No Pseudonymous? Yes No If the answer to either of these questions is "Yes, see detailed instructions attached"
		AUTHOR OF: (Briefly describe nature of this author's contribution)	
	3	NAME OF AUTHOR: Was the author's contribution to the work a "work made for hire"? Yes No	DATES OF BIRTH AND DEATH: Born (Year) Died (Year)
		AUTHOR'S NATIONALITY OR DOMICILE: Citizen of } or { Domiciled in (Name of Country) (Name of Country)	WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes No Pseudonymous? Yes No If the answer to either of these questions is "Yes, see detailed instructions attached"
AUTHOR OF: (Briefly describe nature of this author's contribution)			

3 Creation and Publication	YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED: Year 1979 (This information must be given in all cases)	DATE AND NATION OF FIRST PUBLICATION: Date June 14, 1979 (Month) (Day) (Year) Nation U.S.A. (Name of Country) (Complete this block ONLY if this work has been published)
-------------------------------	---	---

4 Claimant(s)	NAME(S) AND ADDRESS(ES) OF COPYRIGHT CLAIMANT(S): ATARI, INC. 1265 Borregas Avenue Sunnyvale, California 94086
	TRANSFER: (If the copyright claimant(s) named here in space 4 are different from the author(s) named in space 2, give a brief statement of how the claimant(s) obtained ownership of the copyright.)

- Complete all applicable spaces (numbers 5-11) on the reverse side of this page
- Follow detailed instructions attached
- Sign the form at line 10

DO NOT WRITE HERE

Page 1 of 2 pages

TX 756-750	EXAMINED BY: <i>JA</i>	APPLICATION RECEIVED 12 AUG 1981	FOR COPYRIGHT OFFICE USE ONLY
	CHECKED BY:	DEPOSIT RECEIVED 12 AUG 1981	
	CORRESPONDENCE: <input type="checkbox"/> Yes	REMITTANCE NUMBER AND DATE	
	DEPOSIT ACCOUNT FUNDS USED: <input checked="" type="checkbox"/>		

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED ADDITIONAL SPACE, USE CONTINUATION SHEET (FORM TX/CON)

PREVIOUS REGISTRATION: <ul style="list-style-type: none"> Has registration for this work, or for an earlier version of this work, already been made in the Copyright Office? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If your answer is "Yes," why is another registration being sought? (Check appropriate box) <ul style="list-style-type: none"> <input type="checkbox"/> This is the first published edition of a work previously registered in unpublished form <input type="checkbox"/> This is the first application submitted by this author as copyright claimant <input checked="" type="checkbox"/> This is a changed version of the work, as shown by line 6 of this application If your answer is "Yes," give: Previous Registration Number <u>Pending</u> Year of Registration <u>1981</u> 	5 Previous Registration
--	--------------------------------------

COMPILATION OR DERIVATIVE WORK: (See instructions) <p>PREEXISTING MATERIAL: (Identify any preexisting work or works that this work is based on or incorporates)</p> <p><u>ASTEROIDS I and ASTEROIDS II Computer Programs</u></p> <p>MATERIAL ADDED TO THIS WORK: (Give a brief, general statement of the material that has been added to this work and in which copyright is claimed)</p> <p><u>Additions, changes and revisions.</u></p>	6 Compilation or Derivative Work
---	---

MANUFACTURERS AND LOCATIONS: (If this is a published work consisting preponderantly of nondramatic literary material in English, the law may require that the copies be manufactured in the United States or Canada for full protection. If so, the names of the manufacturers who performed certain processes, and the places where these processes were performed must be given. See instructions for details.)	7 Manufacturing
NAMES OF MANUFACTURERS <u>ATARI, INC.</u>	PLACES OF MANUFACTURE <u>United States of America</u>

REPRODUCTION FOR USE OF BLIND OR PHYSICALLY-HANDICAPPED PERSONS: (See instructions) <ul style="list-style-type: none"> Signature of this form at space 10, and a check in one of the boxes here in space 8, constitutes a non-exclusive grant of permission to the Library of Congress to reproduce and distribute solely for the blind and physically handicapped and under the conditions and limitations prescribed by the regulations of the Copyright Office: (1) copies of the work identified in space 1 of this application in Braille for similar tactile symbols; or (2) phonorecords embodying a fixation of a reading of that work; or (3) both <p><input type="checkbox"/> Copies and phonorecords <input checked="" type="checkbox"/> Copies Only <input type="checkbox"/> Phonorecords Only</p>	8 License For Handicapped
---	---

DEPOSIT ACCOUNT: (If the registration fee is to be charged to a Deposit Account established in the Copyright Office, give name and number of Account) Name: <u>TOWNSEND and TOWNSEND</u> Account Number: <u>DA-013986</u>	9 Fee and Correspondence
CORRESPONDENCE: (Give name and address to which correspondence about this application should be sent) Name: <u>Warren P. Kujawa</u> Address: <u>TOWNSEND and TOWNSEND</u> <u>One Market Plaza</u> <u>Steuart Street Plaza, 20th floor</u> <u>San Francisco, CA. 94105</u>	

CERTIFICATION: * I, the undersigned, hereby certify that I am the: (Check one) <input type="checkbox"/> author <input type="checkbox"/> other copyright claimant <input type="checkbox"/> owner of exclusive rights <input checked="" type="checkbox"/> authorized agent of of the work identified in this application and that the statements made by me in this application are correct to the best of my knowledge Handwritten signature (X) <u>Warren P. Kujawa</u> Typed or printed name <u>Warren P. Kujawa</u> Date <u>7/2/81</u>	10 Certification (Application must be signed)
---	--

MAIL CERTIFICATE TO (Certificate will be mailed in window envelope) Warren P. Kujawa TOWNSEND and TOWNSEND One Market Plaza Steuart Street Plaza, 20th floor San Francisco, CA. 94105 (City) (State) (ZIP code)	11 Address For Return of Certificate
---	---

FORM TX

UNITED STATES COPYRIGHT OFFICE

REGISTRATION NUMBER	
TX	756-751
TX	TXU
EFFECTIVE DATE OF REGISTRATION	
8	19 81
Month	Day Year

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE CONTINUATION SHEET

1 Title	TITLE OF THIS WORK:	PREVIOUS OR ALTERNATIVE TITLES:
	ASTEROIDS DELUXE I COMPUTER PROGRAM (Coin-Op)	N/A
	PUBLICATION AS A CONTRIBUTION: (If this work was published as a contribution to a periodical, serial, or collection, give information about the collective work in which the contribution appeared.)	
Title of Collective Work: Vol. No. Date Pages		

2 Author(s)	IMPORTANT: Under the law, the "author" of a "work made for hire" is generally the employer, not the employee (see instructions). If any part of this work was "made for hire" check "Yes" in the space provided, give the employer (or other person for whom the work was prepared) as "Author" of that part, and leave the space for dates blank.		
	NAME OF AUTHOR:		DATES OF BIRTH AND DEATH:
	ATARI, INC.		Was this author's contribution to the work a "work made for hire"? Yes <input checked="" type="checkbox"/> No
	AUTHOR'S NATIONALITY OR DOMICILE:		WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK:
	Citizen of { } or { Domiciled in U.S.A. }		Anonymous? Yes No <input checked="" type="checkbox"/> Pseudonymous? Yes No <input checked="" type="checkbox"/>
	AUTHOR OF: (Briefly describe nature of this author's contribution)		If the answer to either of these questions is "Yes, see detailed instructions attached"
	Entire Computer Program - See Space 6		
	NAME OF AUTHOR:		DATES OF BIRTH AND DEATH:
	Was this author's contribution to the work a "work made for hire"? Yes No		Born (Year) Died (Year)
3	NAME OF AUTHOR:		DATES OF BIRTH AND DEATH:
	Was this author's contribution to the work a "work made for hire"? Yes No		Born (Year) Died (Year)
	AUTHOR'S NATIONALITY OR DOMICILE:		WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK:
	Citizen of { } or { Domiciled in { } }		Anonymous? Yes No Pseudonymous? Yes No
	AUTHOR OF: (Briefly describe nature of this author's contribution)		If the answer to either of these questions is "Yes, see detailed instructions attached"
	NAME OF AUTHOR:		DATES OF BIRTH AND DEATH:
	Was this author's contribution to the work a "work made for hire"? Yes No		Born (Year) Died (Year)
	AUTHOR'S NATIONALITY OR DOMICILE:		WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK:
	Citizen of { } or { Domiciled in { } }		Anonymous? Yes No Pseudonymous? Yes No
AUTHOR OF: (Briefly describe nature of this author's contribution)		If the answer to either of these questions is "Yes, see detailed instructions attached"	

3 Creation and Publication	YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED:	DATE AND NATION OF FIRST PUBLICATION:
	Year 1980 (This information must be given in all cases)	Date August 1, 1980 (Month) (Day) (Year) Nation U.S.A. (Name of Country) (Complete this block ONLY if this work has been published)

4 Claimant(s)	NAME(S) AND ADDRESS(ES) OF COPYRIGHT CLAIMANT(S):
	ATARI, INC. 1265 Borregas Avenue Sunnyvale, California 94086
TRANSFER: (If the copyright claimant(s) named here in space 4 are different from the author(s) named in space 2, give a brief statement of how the claimant(s) obtained ownership of the copyright.)	

• Complete all applicable spaces (numbers 5-11) on the reverse side of this page
 • Follow detailed instructions attached
 • Sign the form at line 10

DO NOT WRITE HERE

Page 1 of 2 pages

TX 756-751	EXAMINED BY: <i>[Signature]</i>	APPLICATION RECEIVED 19 AUG 1981	FOR COPYRIGHT OFFICE USE ONLY
	CHECKED BY:	DEPOSIT RECEIVED 19 AUG 1981	
	CORRESPONDENCE <input checked="" type="checkbox"/> Yes	REMITTANCE NUMBER AND DATE	
	DEPOSIT ACCOUNT FUNDS USED. <input checked="" type="checkbox"/>		

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED ADDITIONAL SPACE, USE CONTINUATION SHEET (FORM TX/CON)

PREVIOUS REGISTRATION:

- Has registration for this work, or for an earlier version of this work, already been made in the Copyright Office? Yes ☒ No
- If your answer is "Yes," why is another registration being sought? (Check appropriate box)
- ☐ This is the first published edition of a work previously registered in unpublished form
- ☐ This is the first application submitted by this author as copyright claimant.
- ☒ This is a changed version of the work, as shown by line 6 of this application.
- If your answer is "Yes," give Previous Registration Number Pending Year of Registration 1981

5

Previous
Registration

COMPILATION OR DERIVATIVE WORK: (See instructions)

PREEXISTING MATERIAL: Identify any preexisting work or works that this work is based on or incorporates:

ASTEROIDS I, ASTEROIDS II and ASTEROIDS IV Computer Programs.

MATERIAL ADDED TO THIS WORK: (Give a brief, general statement of the material that has been added to this work and in which copyright is claimed.)

Additions, revisions and changes.

6

Compilation
or
Derivative
Work

MANUFACTURERS AND LOCATIONS: (If this is a published work consisting preponderantly of nondramatic literary material in English, the law may require that the copies be manufactured in the United States or Canada for full protection. If so, the names of the manufacturers who performed certain processes, and the places where these processes were performed must be given. See instructions for details.)

NAMES OF MANUFACTURERS
ATARI, INC.

PLACES OF MANUFACTURE
United States of America

7

Manufacturing

REPRODUCTION FOR USE OF BLIND OR PHYSICALLY-HANDICAPPED PERSONS: (See instructions)

- Signature of this form at space 10, and a check in one of the boxes here in space 8, constitutes a non exclusive grant of permission to the Library of Congress to reproduce and distribute solely for the blind and physically handicapped and under the conditions and limitations prescribed by the regulations of the Copyright Office: (1) copies of the work identified in space 1 of this application in Braille for similar tactile symbol, or (2) phonorecords embodying a fixation of a reading of that work, or (3) both.

a ☐ Copies and phonorecordsb ☒ Copies Onlyc ☐ Phonorecords Only

8

License
For
Handicapped

DEPOSIT ACCOUNT: (If the registration fee is to be charged to a Deposit Account established in the Copyright Office, give name and number of Account.)

Name TOWNSEND and TOWNSEND
Account Number DA-013986

CORRESPONDENCE: (Give name and address to which correspondence about this application should be sent.)

Name Warren P. Kujawa
Address TOWNSEND and TOWNSEND
One Market Plaza
Steuart Street Tower, 20th floor

9

Fee and
Correspondence

CERTIFICATION: * I, the undersigned, hereby certify that I am the: (Check one)

- ☐ author ☐ other copyright claimant ☐ owner of exclusive rights ☒ authorized agent of
- of the work identified in this application and that the statements made by me in this application are correct to the best of my knowledge



Handwritten signature (X)

Typed or printed name.

Warren P. Kujawa

Date 7/2/81

10

Certification
(Application
must be
signed)

Warren P. Kujawa
TOWNSEND and TOWNSEND
One Market Plaza
Steuart Street Tower, 20th floor
San Francisco, CA 94105

MAIL
CERTIFICATE
TO

(Certificate will
be mailed in
window envelope)

11

Address
For Return
of
Certificate

FORM TX

UNITED STATES COPYRIGHT OFFICE

REGISTRATION NUMBER	
TX- (TX)	756-752 TXU
EFFECTIVE DATE OF REGISTRATION	
8 (Month)	19 (Day)
81 (Year)	

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE CONTINUATION SHEET (FORM TX/CON)

1 Title	TITLE OF THIS WORK:		PREVIOUS OR ALTERNATIVE TITLES:
	ASTEROIDS DELUXE" II Computer Program (Coin-op) If a periodical or serial give: Vol. No. Issue Date		
	PUBLICATION AS A CONTRIBUTION: (If this work was published as a contribution to a periodical, serial, or collection, give information about the collective work in which the contribution appeared.) Title of Collective Work: Vol. No. Date Pages		

2 Author(s)	IMPORTANT: Under the law, the "author" of a "work made for hire" is generally the employer, not the employee (see instructions). If any part of this work was "made for hire" check "Yes" in the space provided, give the employer (or other person for whom the work was prepared) as "Author" of that part, and leave the space for dates blank.		
	1	NAME OF AUTHOR: ATARI, INC. Was this author's contribution to the work a "work made for hire"? Yes. <input checked="" type="checkbox"/> No.	DATES OF BIRTH AND DEATH: Born (Year) Died (Year)
		AUTHOR'S NATIONALITY OR DOMICILE: Citizen of } or { Domiciled in U.S.A. (Name of Country) (Name of Country)	WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes No <input checked="" type="checkbox"/> Pseudonymous? Yes No <input checked="" type="checkbox"/> If the answer to either of these questions is "Yes," see detailed instructions attached
		AUTHOR OF: (Briefly describe nature of this author's contribution) Entire Work - See Space 6	
	2	NAME OF AUTHOR: Was this author's contribution to the work a "work made for hire"? Yes. No.	DATES OF BIRTH AND DEATH: Born (Year) Died (Year)
		AUTHOR'S NATIONALITY OR DOMICILE: Citizen of } or { Domiciled in (Name of Country) (Name of Country)	WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes No Pseudonymous? Yes No If the answer to either of these questions is "Yes," see detailed instructions attached
		AUTHOR OF: (Briefly describe nature of this author's contribution)	
	3	NAME OF AUTHOR: Was this author's contribution to the work a "work made for hire"? Yes. No.	DATES OF BIRTH AND DEATH: Born (Year) Died (Year)
		AUTHOR'S NATIONALITY OR DOMICILE: Citizen of } or { Domiciled in (Name of Country) (Name of Country)	WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes No Pseudonymous? Yes No If the answer to either of these questions is "Yes," see detailed instructions attached
AUTHOR OF: (Briefly describe nature of this author's contribution)			

3 Creation and Publication	YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED: Year. 1980. (This information must be given in all cases)	DATE AND NATION OF FIRST PUBLICATION: Date August 1, 1980 Nation U.S.A. (Name of Country) (Complete this block ONLY if this work has been published)
-------------------------------	--	--

4 Claimant(s)	NAME(S) AND ADDRESS(ES) OF COPYRIGHT CLAIMANT(S): Atari, Inc. 1265 Borregas Avenue Sunnyvale, California 94086
	TRANSFER: (If the copyright claimant(s) named here in space 4 are different from the author(s) named in space 2, give a brief statement of how the claimant(s) obtained ownership of the copyright.)

TX 756-752	EXAMINED BY: <i>J.R.</i>	APPLICATION RECEIVED: 19 AUG 1981	FOR COPYRIGHT OFFICE USE ONLY
	CHECKED BY:	DEPOSIT RECEIVED: 19 AUG 1981	
	CORRESPONDENCE: <input checked="" type="checkbox"/> Yes	REMITTANCE NUMBER AND DATE:	
	DEPOSIT ACCOUNT FUNDS USED: <input checked="" type="checkbox"/>		

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED ADDITIONAL SPACE, USE CONTINUATION SHEET (FORM TX/CON)

PREVIOUS REGISTRATION:

- Has registration for this work, or for an earlier version of this work, already been made in the Copyright Office? Yes. ☒ No

- If your answer is "Yes," why is another registration being sought? (Check appropriate box)

☐ This is the first published edition of a work previously registered in unpublished form

☐ This is the first application submitted by this author as copyright claimant

☒ This is a changed version of the work, as shown by line 6 of this application.

- If your answer is "Yes," give Previous Registration Number. Pending Year of Registration 1981

5

Previous
Registration

COMPILATION OR DERIVATIVE WORK: (See instructions)

PREEXISTING MATERIAL: (Identify any preexisting work or works that this work is based on or incorporates)

ASTEROIDS, I, ASTEROIDS II, ASTEROIDS IV, and ASTEROIDS DELUXE I
Computer Programs.....

MATERIAL ADDED TO THIS WORK: (Give a brief, general statement of the material that has been added to this work and in which copyright is claimed)

Additions, changes and revisions.

6

Compilation
or
Derivative
Work

MANUFACTURERS AND LOCATIONS: (If this is a published work consisting preponderantly of nondramatic literary material in English, the law may require that the copies be manufactured in the United States or Canada for full protection. If so, the names of the manufacturers who performed certain processes, and the places where these processes were performed must be given. See instructions for details)

NAMES OF MANUFACTURERS

ATARI, INC.

PLACES OF MANUFACTURE

United States of America

7

Manufacturing

REPRODUCTION FOR USE OF BLIND OR PHYSICALLY-HANDICAPPED PERSONS: (See instructions)

- Signature of this form at space 10, and a check in one of the boxes here in space 8, constitutes a non-exclusive grant of permission to the Library of Congress to reproduce and distribute solely for the blind and physically handicapped and under the conditions and limitations prescribed by the regulations of the Copyright Office: (1) copies of the work identified in space 1 of this application in Braille for similar tactile symbols; or (2) phonorecords embodying a fixation of a reading of that work; or (3) both

a ☐ Copies and phonorecords

b ☒ Copies Only

c ☐ Phonorecords Only

8

License
For
Handicapped

DEPOSIT ACCOUNT: (If the registration fee is to be charged to a Deposit Account established in the Copyright Office, give name and number of Account.)

Name TOWNSEND and TOWNSEND

Account Number DA-013986

CORRESPONDENCE: (Give name and address to which correspondence about this application should be sent.)

Name Warren P. Kujawa

Address TOWNSEND and TOWNSEND

One Market Plaza

Steuart Street Tower, 20th floor

San Francisco, CA. 94105

9

Fee and
Correspondence

CERTIFICATION: * I, the undersigned, hereby certify that I am the: (Check one)

☐ author ☐ other copyright claimant ☐ owner of exclusive right(s) ☒ authorized agent of

ATARI, INC.

of the work identified in this application and that the statements made by me in this application are correct to the best of my knowledge

Handwritten signature: (X) *Warren P. Kujawa*

Typed or printed name: Warren P. Kujawa

Date 7/2/81

10

Certification
(Application must be signed)

Warren P. Kujawa

TOWNSEND and TOWNSEND

One Market Plaza

Steuart Street Tower, 20th floor

San Francisco, Ca. 94105

MAIL
CERTIFICATE
TO

(Certificate will
be mailed in
window envelope)

11

Address
For Return
of
Certificate

DO NOT WRITE HERE

Page 1 of 1

VAu 27-872	EXAMINED BY <i>JA</i> CHECKED BY	APPLICATION RECEIVED	FOR COPYRIGHT OFFICE USE ONLY
	CORRESPONDENCE <input type="checkbox"/> Yes	DEPOSIT RECEIVED 04 AUG 1981	
	DEPOSIT ACCOUNT FUNDS USED <input checked="" type="checkbox"/>	REMITTANCE NUMBER AND DATE	

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED ADDITIONAL SPACE, USE CONTINUATION SHEET (FORM VA/CON)

PREVIOUS REGISTRATION: <ul style="list-style-type: none"> • Has registration for this work, or for an earlier version of this work, already been made at the Copyright Office? Yes <i>No</i> X • If your answer is "Yes," why is another registration being sought? (Check appropriate box) <ul style="list-style-type: none"> <input type="checkbox"/> This is the first published edition of a work previously registered in unpublished form <input type="checkbox"/> This is the first application submitted by this author as copyright claimant <input type="checkbox"/> This is a changed version of the work, as shown by line 6 of the application • If your answer is "Yes," give Previous Registration Number _____ Year of Registration _____ 	5 Previous Registration
--	--------------------------------------

COMPILATION OR DERIVATIVE WORK: (See instructions)	6 Compilation or Derivative Work
PREEXISTING MATERIAL (Identify any preexisting material and state that this work is based on it or incorporates it)	
MATERIAL ADDED TO THIS WORK (Give a brief, general statement of the material that has been added to this work and in which copy right is claimed)	

DEPOSIT ACCOUNT: (If the registration fee is to be charged to a Deposit Account established in the Copyright Office, give name and number of Account)	CORRESPONDENCE: (Give name and address to which correspondence about this application should be sent)	7 Fee and Correspondence
Name Atari, Inc./Coin-Op Engineering	Name Andrea Dencker / Atari, Inc.	
Account Number 0A055360	Address P. O. Box 427	
	Sunnyvale, Calif. 94086	

CERTIFICATION: * I, the undersigned, hereby certify that I am the (Check one)	Atari, Inc.	8 Certification (Application must be signed)
<input type="checkbox"/> author <input type="checkbox"/> other copyright claimant <input type="checkbox"/> transferee of copyright <input checked="" type="checkbox"/> agent for the author	Name of author or other copyright owner or transferee of copyright	
of the work identified in this application and that the statements made by me in this application are correct to the best of my knowledge	Signature <i>Andrea Dencker</i>	
Handwritten signature (X) <i>Andrea Dencker</i>	Date 7/22/81	

Andrea Dencker / Atari, Inc. P. O. Box 427 Sunnyvale, California 94086	MAIL CERTIFICATE TO (Certificate will be mailed in window envelope)	9 Address For Return of Certificate
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FORM PA

UNITED STATES COPYRIGHT OFFICE

REGISTRATION NUMBER	
PA	100-722
PAU	PAU
EFFECTIVE DATE (SEE INSTRUCTIONS)	
1980	1981

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE CONTINUATION SHEET (FORM PA/CON)

1 Title	TITLE OF THIS WORK: ASTEROIDS DELUXE		NATURE OF THIS WORK: audio-visual work
	PREVIOUS OR ALTERNATIVE TITLES: none		
2 Author(s)	IMPORTANT: Under the law, the author of a work made for hire is specially designated by the parties to the work. If this work was made for hire, check "yes" in the space provided. If not, check "no" and leave the space for signature of the author.		
	NAME OF AUTHOR: Atari, Inc.		DATES OF BIRTH AND DEATH:
	AUTHOR'S NATIONALITY OR DOMICILE: Citizen of U.S.A.		WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	AUTHOR OF: Briefly describe nature of this author's contribution: entire audio-visual work		
	NAME OF AUTHOR:		DATES OF BIRTH AND DEATH:
	AUTHOR'S NATIONALITY OR DOMICILE:		WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK?
	AUTHOR OF: Briefly describe nature of this author's contribution:		
	NAME OF AUTHOR:		DATES OF BIRTH AND DEATH:
	AUTHOR'S NATIONALITY OR DOMICILE:		WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK?
AUTHOR OF: Briefly describe nature of this author's contribution:			
3 Creation and Publication	YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED: Year 1980		DATE AND NATION OF FIRST PUBLICATION: August 8, 1980 United States of America
	NAME(S) AND ADDRESS(ES) OF COPYRIGHT CLAIMANT(S): Atari, Inc. 1265 Borregas Avenue Sunnyvale, CA 94086		
TRANSFER: If the copyright claimant(s) have transferred their interest in the author's contribution to the work, check "yes" and describe the transfer. If not, check "no" and leave the space for signature of the author.			

DO NOT WRITE HERE

Page 1 of 2 pages

PA 100-722	EXAMINED BY: <i>RW</i> CHECKED BY	APPLICATION RECEIVED MAY 15 1981	FOR COPYRIGHT OFFICE USE ONLY
	CORRESPONDENCE <input type="checkbox"/> Yes	DEPOSIT RECEIVED MAY 15 1981	
	DEPOSIT ACCOUNT FUNDS USED <input checked="" type="checkbox"/>	REMITTANCE NUMBER AND DATE	

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED ADDITIONAL SPACE, USE CONTINUATION SHEET (FORM PA/CON)

PREVIOUS REGISTRATION: <ul style="list-style-type: none"> Has registration for this work, or for an earlier version of this work, already been made in the Copyright Office? Yes XXX No If your answer is "Yes," who is another registration being sought? (Check appropriate box) <ul style="list-style-type: none"> <input type="checkbox"/> This is the first published edition of a work previously registered in unpublished form <input type="checkbox"/> This is the first application submitted by this author as copyright claimant <input checked="" type="checkbox"/> This is a changed version of the work, as shown by line 6 of the application If your answer is "Yes," give Previous Registration Number PA71-701 Year of Registration 1980 	5 Previous Registration
--	--------------------------------------

COMPILATION OR DERIVATIVE WORK: (See instructions) <p>PREEXISTING MATERIAL (Identify any preexisting work or works that the work is based on or incorporates)</p> <p>ASTEROIDS audio-visual work</p> <p>MATERIAL ADDED TO THIS WORK (Give a brief, general statement of the material that has been added to this work and in which copyright is claimed)</p> <p>New symbols and event sounds added to basic work. Relocation of same symbols to different portions of image frame. Symbol choreography somewhat altered.</p>	6 Compilation or Derivative Work
--	---

DEPOSIT ACCOUNT: (If the registration fee is to be charged to a Deposit Account established in the Copyright Office, give name and number of Account) <p>Name Townsend and Townsend</p> <p>Account Number DA-013986</p>	CORRESPONDENCE: (Give name and address to which correspondence about this application should be sent) <p>Name Warren P. Kujawa</p> <p>Address Townsend and Townsend Steuart Street Tower One Market Plaza San Francisco, CA 94105</p>	7 Fee and Correspondence
--	---	---------------------------------------

CERTIFICATION: * I, the undersigned, hereby certify that I am the (Check one) <ul style="list-style-type: none"> <input type="checkbox"/> author <input type="checkbox"/> other copyright claimant <input type="checkbox"/> owner of a separate part of the work <input checked="" type="checkbox"/> agent for the author <p>of the work identified in this application and that the statements made by me in this application are correct to the best of my knowledge</p> <p>Handwritten signature: <i>Charles S. Paul</i></p> <p>Typed or printed name: Charles S. Paul</p> <p>Date: 5/5/81</p>	Atari, Inc. <small>Name of owner of right in work or owner of exclusive right in work</small>	8 Certification (Application must be signed)
--	---	---

<p>Warren P. Kujawa Townsend and Townsend Steuart Street Tower One Market Plaza San Francisco, CA 94105</p>	MAIL CERTIFICATE TO (Certificate will be mailed in window envelope)	9 Address For Return of Certificate
--	---	--

FORM TX

UNITED STATES COPYRIGHT OFFICE

REGISTRATION NUMBER	
TX	364-242
TXU	
EFFECTIVE DATE OF REGISTRATION	
13 NOV 1979	
Month	Day Year

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE CONTINUATION SHEET

1 Title	TITLE OF THIS WORK: ASTEROIDS Operation, Maintenance and Service Manual Complete with Illustrated Parts Catalog TM-143 <small>If a periodical or serial give Vol No Issue Date</small>	PREVIOUS OR ALTERNATIVE TITLES: None
	PUBLICATION AS A CONTRIBUTION: (If this work was published as a contribution to a periodical, serial, or collection, give information about the collective work in which the contribution appeared.) Title of Collective Work None Vol No Date Pages	

2 Author(s)	IMPORTANT: Under the law the author of a work made for hire is generally the employer, not the employee (see instructions). If any part of this work was "made for hire" check Yes in the space provided, give the employer (or other person for whom the work was prepared) as "Author" of that part, and leave the space for dates blank.	
	NAME OF AUTHOR: ATARI, INC. <small>Was the author's contribution to the work a "work made for hire?" Yes X No</small>	DATES OF BIRTH AND DEATH: Born (Year) Died (Year)
	AUTHOR'S NATIONALITY OR DOMICILE: 1 Claim of U.S.A. { or { Domiciled in { <small>(Name of Country) (Name of Country)</small>	WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes No X Pseudonymous? Yes No If the answer to either of these questions is "Yes" see detailed instructions attached.
2	NAME OF AUTHOR: <small>Was the author's contribution to the work a "work made for hire?" Yes No</small>	DATES OF BIRTH AND DEATH: Born (Year) Died (Year)
	AUTHOR'S NATIONALITY OR DOMICILE: 2 Claim of { or { Domiciled in { <small>(Name of Country) (Name of Country)</small>	WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes No Pseudonymous? Yes No If the answer to either of these questions is "Yes" see detailed instructions attached.
	AUTHOR OF: (Briefly describe nature of this author's contribution) Entire Text	
3	NAME OF AUTHOR: <small>Was the author's contribution to the work a "work made for hire?" Yes No</small>	DATES OF BIRTH AND DEATH: Born (Year) Died (Year)
	AUTHOR'S NATIONALITY OR DOMICILE: 3 Claim of { or { Domiciled in { <small>(Name of Country) (Name of Country)</small>	WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes No Pseudonymous? Yes No If the answer to either of these questions is "Yes" see detailed instructions attached.
	AUTHOR OF: (Briefly describe nature of this author's contribution)	

3 Creation and Publication	YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED: Year 1979 <small>(This information must be given in all cases)</small>	DATE AND NATION OF FIRST PUBLICATION: Date October 22, 1979 <small>(Month) (Day) (Year)</small> Nation U.S.A. <small>(Name of Country)</small> <small>(Complete this block ONLY if this work has been published)</small>
-------------------------------	---	---

4 Claimant(s)	NAME(S) AND ADDRESS(ES) OF COPYRIGHT CLAIMANT(S): Atari, Inc. P.O. Box 427 1265 Borregas Ave. Sunnyvale, Calif. 94086
	TRANSFER: (If the copyright claimant is named here in space 4 and is different from the author(s) named in space 2, give a brief statement of how the copyright was obtained.) None

TX 364-242	EXAMINED BY <u>173</u> CHECKED BY	APPLICATION RECEIVED 13 NOV 1979	FOR COPYRIGHT OFFICE USE ONLY
	CORRESPONDENCE <input type="checkbox"/> Yes	DEPOSIT RECEIVED 13 NOV 1979 13 NOV 1979	
	DEPOSIT ACCOUNT FUNDS USED <input type="checkbox"/>	REMITTANCE NUMBER AND DATE	

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED ADDITIONAL SPACE, USE CONTINUATION SHEET (FORM TX/CON)

PREVIOUS REGISTRATION:

- Has registration for this work, or for an earlier version of this work, already been made in the Copyright Office? Yes No **X**
- If your answer is "Yes," why is another registration being sought? (Check appropriate box.)
- ☐ This is the first published edition of a work previously registered in unpublished form.
- ☐ This is the first application submitted by this author as copyright claimant.
- ☐ This is a changed version of the work, as shown by line 6 of this application.
- If your answer is "Yes," give Previous Registration Number _____ Year of Registration _____

5Previous
Registration

COMPILATION OR DERIVATIVE WORK: (See instructions)

PREEXISTING MATERIAL: Identify any preexisting work or works that this work is based on or incorporates.

None

MATERIAL ADDED TO THIS WORK: (Give a brief general statement of the material that has been added to this work and in which copyright is claimed.)

None

6Compilation
or
Derivative
Work

MANUFACTURERS AND LOCATIONS: (If this is a published work consisting preponderantly of nondramatic literary material in English, the law may require that the copies be manufactured in the United States or Canada for full protection. If so, the names of the manufacturers who performed certain processes, and the places where these processes were performed must be given. See instructions for details.)

NAMES OF MANUFACTURERS

Typeset in-house
Sierra Lithograph, Inc. (printer)

PLACES OF MANUFACTURE

162 San Lazaro Ave., Sunnyvale, CA 94086

7

Manufacturing

REPRODUCTION FOR USE OF BLIND OR PHYSICALLY-HANDICAPPED PERSONS: (See instructions)

- Signature of this form at space 10, and a check in one of the boxes here in space 8, constitutes a non-exclusive grant of permission to the Library of Congress to reproduce and distribute works for the blind and physically handicapped and under the conditions and limitations prescribed by the regulations of the Copyright Office. (If copies of the work described in space 1 of this application are for use in Braille or similar tactile systems, or in phonorecords embodying a reading of the work, check here.)

☐ Copies in Braille, etc.☐ Copies Only☐ Phonorecords Only**8**License
For
Handicapped

DEPOSIT ACCOUNT: (If the registration fee is to be charged to a Deposit Account established in the Copyright Office, give name and number of Account.)

Name **Atari, Inc./Coin-Op Engineering**
Account Number **DA055360**

CORRESPONDENCE: (Give name and address to which correspondence should be sent.)

Name **Andrea Dencker/Atari, Inc.**Address **P.O. Box 427****Sunnyvale, California 94086**

(City)

(State)

(Zip)

9Fee and
Correspondence

CERTIFICATION: * I, the undersigned, hereby certify that I am the (Check one)

☐ Author or copyright owner or owner of exclusive rights or authorized agent**Atari, Inc.**

or I am a duly authorized agent or agent of the author or owner of the work described in this application and that the statements made by me in this application are correct to the best of my knowledge.



Handwritten signature (X)

Typed or printed name **Andrea Dencker/Atari, Inc.**Date **11/8/79****10**Certification
(Application must be signed)

Andrea Dencker/Atari, Inc.

P.O. Box 427

Sunnyvale, Calif. 94086

**MAIL
CERTIFICATE
TO
10 DEC 1979**
(Certificate will
be mailed in
window envelope)

11Address
For Return
of
Certificate

FORM TX

UNITED STATES COPYRIGHT OFFICE

REGISTRATION NUMBER	
TX	676-855
TXU	
EFFECTIVE DATE OF REGISTRATION	
April	22 1981
(Month)	(Day) (Year)

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE CONTINUATION SHEET (FORM TX/CON)

1 Title	TITLE OF THIS WORK: ASTEROIDS DELUXE Operation, Maintenance and Service Manual (TM-165)		PREVIOUS OR ALTERNATIVE TITLES:
	If a periodical or serial give: Vol. No. Issue Date		
	PUBLICATION AS A CONTRIBUTION: (If this work was published as a contribution to a periodical, serial, or collection, give information about the collective work in which the contribution appeared.) Title of Collective Work Vol. No. Date Pages		

2 Author(s)	IMPORTANT: Under the law, the "author" of a "work made for hire" is generally the employer, not the employee (see instructions). If any part of this work was "made for hire" check "Yes" in the space provided, give the employer (or other person for whom the work was prepared) as "Author" of that part, and leave the space for dates blank.		
	1	NAME OF AUTHOR: Atari, Inc. Was this author's contribution to the work a "work made for hire"? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	DATES OF BIRTH AND DEATH: Born Died
		AUTHOR'S NATIONALITY OR DOMICILE: Citizen of } or { Domiciled in U.S.A. (Name of Country) (Name of Country)	WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Pseudonymous? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If the answer to either of these questions is "Yes," see detailed instructions attached.
		AUTHOR OF: (Briefly describe nature of this author's contribution) Entire text and illustrations	
	2	NAME OF AUTHOR: Was this author's contribution to the work a "work made for hire"? Yes <input type="checkbox"/> No <input type="checkbox"/>	DATES OF BIRTH AND DEATH: Born Died
		AUTHOR'S NATIONALITY OR DOMICILE: Citizen of } or { Domiciled in (Name of Country) (Name of Country)	WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes <input type="checkbox"/> No <input type="checkbox"/> Pseudonymous? Yes <input type="checkbox"/> No <input type="checkbox"/> If the answer to either of these questions is "Yes," see detailed instructions attached.
		AUTHOR OF: (Briefly describe nature of this author's contribution)	
	3	NAME OF AUTHOR: Was this author's contribution to the work a "work made for hire"? Yes <input type="checkbox"/> No <input type="checkbox"/>	DATES OF BIRTH AND DEATH: Born Died
		AUTHOR'S NATIONALITY OR DOMICILE: Citizen of } or { Domiciled in (Name of Country) (Name of Country)	WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes <input type="checkbox"/> No <input type="checkbox"/> Pseudonymous? Yes <input type="checkbox"/> No <input type="checkbox"/> If the answer to either of these questions is "Yes," see detailed instructions attached.
AUTHOR OF: (Briefly describe nature of this author's contribution)			

3 Creation and Publication	YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED: Year 1981 (This information must be given in all cases)	DATE AND NATION OF FIRST PUBLICATION: Date February 13, 1981 (Month) (Day) (Year) Nation U.S.A. (Name of Country) (Complete this block ONLY if this work has been published)
-------------------------------	---	---

4 Claimant(s)	NAME(S) AND ADDRESS(ES) OF COPYRIGHT CLAIMANT(S): Atari, Inc. P. O. Box 427 Sunnyvale, CA 94086
	TRANSFER: (If the copyright claimant(s) named here in space 4 are different from the author(s) named in space 2, give a brief statement of how the claimant(s) obtained ownership of the copyright.)

• Complete all applicable spaces (numbers 5-11) on the reverse side of this page
• Follow detailed instructions attached • Sign the form at line 10

DO NOT WRITE HERE
Page 1 of 2 pages

TX 676-855	EXAMINED BY: <i>LPB</i>	APPLICATION RECEIVED 22 APR 1981	FOR COPYRIGHT OFFICE USE ONLY
	CHECKED BY: <i>MD</i>	DEPOSIT RECEIVED 22 APR 1981	
	CORRESPONDENCE <input type="checkbox"/> Yes	REMITTANCE NUMBER AND DATE	
DEPOSIT ACCOUNT FUNDS USED <input checked="" type="checkbox"/>			

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED ADDITIONAL SPACE, USE CONTINUATION SHEET (FORM TX/CON)

PREVIOUS REGISTRATION:

- Has registration for this work, or for an earlier version of this work, already been made in the Copyright Office? Yes ☒ No ☐ XX
- If your answer is "Yes," why is another registration being sought? (Check appropriate box)
 - ☐ This is the first published edition of a work previously registered in unpublished form
 - ☐ This is the first application submitted by this author as copyright claimant
 - ☐ This is a changed version of the work, as shown by line 6 of this application.
- If your answer is "Yes," give Previous Registration Number _____ Year of Registration _____

5

Previous
Registration

COMPILATION OR DERIVATIVE WORK: (See instructions)

PREEXISTING MATERIAL: Identify any preexisting work or works that this work is based on or incorporates.

MATERIAL ADDED TO THIS WORK: (Give a brief, general statement of the material that has been added to the work and in what copyright is claimed)

6

Compilation
or
Derivative
Work

MANUFACTURERS AND LOCATIONS: (If this is a published work consisting preponderantly of nondramatic literary material in English, the law may require that the copies be manufactured in the United States or Canada for full protection. If so, the names of the manufacturers who performed certain processes, and the places where these processes were performed must be given. See instructions for details.)

NAMES OF MANUFACTURERS

Atari, Inc. (typeset in-house)
Consolidated Publications, Inc. (printer)

PLACES OF MANUFACTURE

P. O. Box 427, Sunnyvale, CA 94086
1127 Sonora Ct., Sunnyvale, CA 94086

7

Manufacturing

REPRODUCTION FOR USE OF BLIND OR PHYSICALLY-HANDICAPPED PERSONS: (See instructions)

- Signature of this form or space 10, and a check in one of the boxes here in space 8, constitutes a non-exclusive grant of permission to the Library of Congress to reproduce and distribute solely for the blind and physically handicapped and under the conditions and limitations prescribed by the regulations of the Copyright Office: (1) copies of the work identified in space 1 of this application in Braille (or similar tactile symbols) or (2) phonorecords embodying a fixation of a reading of that work or (3) both.

a ☐ Copies and phonorecordsb ☐ Copies Onlyc ☐ Phonorecords Only

8

License
for
Handicapped

DEPOSIT ACCOUNT: (If the registration fee is to be charged to a Deposit Account established in the Copyright Office, give name and number of Account.)

Name Atari, Inc./Coin-Op Engineering
Account Number DA055360

CORRESPONDENCE: Give name and address to which correspondence about this application should be sent.

Name Andrea Dencker / Atari, Inc.
Address P. O. Box 427
Sunnyvale, CA 94086

9

Fee and
Correspondence

CERTIFICATION: * I, the undersigned, hereby certify that I am the: (Check one)

☐ author ☐ other copyright claimant ☐ owner of exclusive right(s) ☒ authorized agent of
of the work identified in this application and that the statements made by me in this application are correct to the best of my knowledge

Handwritten signature: (X) *Andrea Dencker*

Typed or printed name

Andrea Dencker

Date 4/16/81

10

Certification
(Application must be signed)

Andrea Dencker / Atari, Inc.

P. O. Box 427

Sunnyvale, California 94086

(City)

(State)

(ZIP code)

MAIL
CERTIFICATE
TO(Certificate will
be mailed in
window envelope)

11

Address
for Return
of
Certificate

FORM TX

UNITED STATES COPYRIGHT OFFICE

REGISTRATION NUMBER	
TX	756-748
TX	TXU
EFFECTIVE DATE OF REGISTRATION	
8	19 81
Month	Day Year

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE CONTINUATION SHEET

1 Title	TITLE OF THIS WORK:		PREVIOUS OR ALTERNATIVE TITLES:
	"ASTEROIDS" I Computer Program (Coin-op)		
	If a periodical or serial give: Vol No. Issue Date		
PUBLICATION AS A CONTRIBUTION: (If this work was published as a contribution to a periodical, serial, or collection, give information about the collective work in which the contribution appeared.)			
Title of Collective Work: Vol .. No. Date Pages			

2 Author(s)	IMPORTANT: Under the law, the "author" of a "work made for hire" is generally the employer, not the employee (see instructions). If any part of this work was "made for hire" check "Yes" in the space provided, give the employer (or other person for whom the work was prepared) as "Author" of that part, and leave the space for dates blank.			
	1	NAME OF AUTHOR:		DATES OF BIRTH AND DEATH:
		ATARI, INC. Was this author's contribution to the work a "work made for hire"? Yes. <input checked="" type="checkbox"/> No		Born (Year) Died (Year)
		AUTHOR'S NATIONALITY OR DOMICILE:		WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK:
	Citizen of } or { Domiciled in U.S.A. (Name of Country) (Name of Country)		Anonymous? Yes No <input checked="" type="checkbox"/> Pseudonymous? Yes No <input checked="" type="checkbox"/> If the answer to either of these questions is "Yes" see detailed instructions attached	
	AUTHOR OF: (Briefly describe nature of this author's contribution)			
	Entire Computer Program			
	2	NAME OF AUTHOR:		DATES OF BIRTH AND DEATH:
		Was this author's contribution to the work a "work made for hire"? Yes No		Born (Year) Died (Year)
AUTHOR'S NATIONALITY OR DOMICILE:		WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK:		
Citizen of } or { Domiciled in (Name of Country) (Name of Country)		Anonymous? Yes No Pseudonymous? Yes No If the answer to either of these questions is "Yes" see detailed instructions attached		
AUTHOR OF: (Briefly describe nature of this author's contribution)				
3	NAME OF AUTHOR:		DATES OF BIRTH AND DEATH:	
	Was this author's contribution to the work a "work made for hire"? Yes No		Born (Year) Died (Year)	
	AUTHOR'S NATIONALITY OR DOMICILE:		WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK:	
Citizen of } or { Domiciled in (Name of Country) (Name of Country)		Anonymous? Yes No Pseudonymous? Yes No If the answer to either of these questions is "Yes" see detailed instructions attached		
AUTHOR OF: (Briefly describe nature of this author's contribution)				

3 Creation and Publication	YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED:	DATE AND NATION OF FIRST PUBLICATION:
	Year 1979 (This information must be given in all cases.)	Month June 14, 1979 Nation U.S.A. (Complete this block ONLY if this work has been published.)

4 Claimant(s)	NAME(S) AND ADDRESS(ES) OF COPYRIGHT CLAIMANT(S):
	ATARI, INC. 1265 Borregas Avenue Sunnyvale, California 94086
TRANSFER: (If the copyright claimant(s) named here in space 4 are different from the author(s) named in space 2, give a brief statement of how the claimant(s) obtained ownership of the copyright.)	

- Complete all applicable spaces (numbers 5-11) on the reverse side of this page
- Follow detailed instructions attached
- Sign the form at line 10

DO NOT WRITE HERE
Page 1 of 1 pages

TX 756-748	EXAMINED BY: <i>DA</i>	APPLICATION RECEIVED 19. AUG 1981	FOR COPYRIGHT OFFICE USE ONLY
	CHECKED BY:	DEPOSIT RECEIVED 19. AUG 1981	
	CORRESPONDENCE: <input type="checkbox"/> Yes	REMITTANCE NUMBER AND DATE	
	DEPOSIT ACCOUNT FUNDS USED <input checked="" type="checkbox"/>		

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED ADDITIONAL SPACE, USE CONTINUATION SHEET (FORM TX/CON)

PREVIOUS REGISTRATION: <ul style="list-style-type: none"> Has registration for this work, or for an earlier version of this work, already been made in the Copyright Office? Yes No X If your answer is "Yes," why is another registration being sought? (Check appropriate box) <ul style="list-style-type: none"> <input type="checkbox"/> This is the first published edition of a work previously registered in unpublished form <input type="checkbox"/> This is the first application submitted by this author as copyright claimant. <input type="checkbox"/> This is a changed version of the work, as shown by line 6 of this application If your answer is "Yes," give Previous Registration Number Year of Registration 	5 Previous Registration
---	--------------------------------------

COMPILATION OR DERIVATIVE WORK: (See instructions) <p>PREEXISTING MATERIAL. Identify any preexisting work or works that this work is based on or incorporates: N/A</p> <p>MATERIAL ADDED TO THIS WORK (Give a brief, general statement of the material that has been added to this work and in which copyright is claimed):</p>	6 Compilation or Derivative Work
---	---

MANUFACTURERS AND LOCATIONS: (If this is a published work consisting preponderantly of nondramatic literary material in English, the law may require that the copies be manufactured in the United States or Canada for full protection. If so, the names of the manufacturers who performed certain processes, and the places where these processes were performed must be given. See instructions for details.)	7 Manufacturing
NAMES OF MANUFACTURERS Atari, Inc.	PLACES OF MANUFACTURE United States of America

REPRODUCTION FOR USE OF BLIND OR PHYSICALLY-HANDICAPPED PERSONS: (See instructions) <ul style="list-style-type: none"> Signature of this form at space 10, and a check in one of the boxes here in space 8, constitutes a non exclusive grant of permission to the Library of Congress to reproduce and distribute solely for the blind and physically handicapped and under the conditions and limitations prescribed by the regulations of the Copyright Office: (1) copies of the work identified in space 1 of this application in Braille for similar tactile symbols, or (2) phonorecords embodying a fixation of a reading of that work; or (3) both 	8 License For Handicapped
a <input type="checkbox"/> Copies and phonorecords b <input checked="" type="checkbox"/> Copies Only c <input type="checkbox"/> Phonorecords Only	

DEPOSIT ACCOUNT: (If the registration fee is to be charged to a Deposit Account established in the Copyright Office, give name and number of Account)	CORRESPONDENCE: (Give name and address to which correspondence about this application should be sent)	9 Fee and Correspondence
Name: TOWNSEND and TOWNSEND Account Number: DA-013986	Name: Warren P. Kujawa Address: TOWNSEND and TOWNSEND One Market Plaza Steuart Street Tower, 20th floor San Francisco, CA. 94105	

CERTIFICATION: * I, the undersigned, hereby certify that I am the: (Check one) <ul style="list-style-type: none"> <input type="checkbox"/> author <input type="checkbox"/> other copyright claimant <input type="checkbox"/> owner of exclusive rights <input checked="" type="checkbox"/> authorized agent of of the work identified in this application and that the statements made by me in this application are correct to the best of my knowledge.	10 Certification (Application must be signed)
Handwritten signature (X) <i>Warren P. Kujawa</i> Typed or printed name Warren P. Kujawa Date 7/2/81	

Warren P. Kujawa TOWNSEND and TOWNSEND One Market Plaza Steuart Street Plaza, 20th floor San Francisco, CA 94105	MAIL CERTIFICATE TO (Certificate will be mailed in window envelope)	11 Address For Return of Certificate
--	---	--

FORM TX

UNITED STATES COPYRIGHT OFFICE

REGISTRATION NUMBER	
TX	756-749
TX	TXU
EFFECTIVE DATE OF REGISTRATION	
8	19
Month	Day
81	
Year	

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE CONTINUATION SHEET

1 Title	TITLE OF THIS WORK: "ASTEROIDS" II Computer Program (Coin-op)		PREVIOUS OR ALTERNATIVE TITLES:
	If a periodical or serial, give the title, issue date, volume, and page number. PUBLICATION AS A CONTRIBUTION: (If this work was published as a contribution to a periodical, serial, or collection, give information about the collective work in which the contribution appeared.) Title of Collective Work: Vol. No. Date Pages		
2 Author(s)	IMPORTANT: Under the law, the "author" of a "work made for hire" is generally the employer, not the employee (see instructions). If any part of this work was "made for hire" check "Yes" in the space provided, give the employer (or other person for whom the work was prepared) as "Author" of that part, and leave the space for dates blank.		
	NAME OF AUTHOR: ATARI, INC.		DATES OF BIRTH AND DEATH:
	Was this author's contribution to the work a "work made for hire"? Yes <input checked="" type="checkbox"/> No		Born (Year) Died (Year)
	AUTHOR'S NATIONALITY OR DOMICILE:		WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK:
	1 Citizen of { } or { Domiciled in U.S.A. }		Anonymous? Yes No <input checked="" type="checkbox"/> Pseudonymous? Yes No <input checked="" type="checkbox"/>
	AUTHOR OF: (Briefly describe nature of this author's contribution) Entire Computer Program -- See Space 6		If the answer to either of these questions is "Yes" see detailed instructions attached
	NAME OF AUTHOR:		DATES OF BIRTH AND DEATH:
	Was this author's contribution to the work a "work made for hire"? Yes No		Born (Year) Died (Year)
	2 AUTHOR'S NATIONALITY OR DOMICILE:		WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK:
2 Citizen of { } or { Domiciled in }		Anonymous? Yes No Pseudonymous? Yes No	
AUTHOR OF: (Briefly describe nature of this author's contribution)		If the answer to either of these questions is "Yes" see detailed instructions attached	
NAME OF AUTHOR:		DATES OF BIRTH AND DEATH:	
Was this author's contribution to the work a "work made for hire"? Yes No		Born (Year) Died (Year)	
3 AUTHOR'S NATIONALITY OR DOMICILE:		WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK:	
3 Citizen of { } or { Domiciled in }		Anonymous? Yes No Pseudonymous? Yes No	
AUTHOR OF: (Briefly describe nature of this author's contribution)		If the answer to either of these questions is "Yes" see detailed instructions attached	
3 Creation and Publication	YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED: Year... 1979		DATE AND NATION OF FIRST PUBLICATION:
	(This information must be given in all cases)		Date June 14, 1979 Nation United States of America (Complete this block ONLY if this work has been published)
4 Claimant(s)	NAME(S) AND ADDRESS(ES) OF COPYRIGHT CLAIMANT(S): ATARI, INC. 1265 Borregas Avenue Sunnyvale, California 94086		
	TRANSFER: (If the copyright claimant(s) named here in space 4 are different from the author(s) named in space 2 give a brief statement of how the claimant(s) obtained ownership of the copyright.)		

• Complete all applicable spaces (numbers 5-11) on the reverse side of this page
 • Follow detailed instructions attached
 • Sign the form at line 10

DO NOT WRITE HERE

Page 1 of 2 pages

TX 756-749	EXAMINED BY CHECKED BY: <i>JA</i>	APPLICATION RECEIVED 19 DEC 1981	FOR COPYRIGHT OFFICE USE ONLY
	CORRESPONDENCE: <input checked="" type="checkbox"/> Yes	DEPOSIT RECEIVED 19 DEC 1981	
	DEPOSIT ACCOUNT FUNDS USED: <input checked="" type="checkbox"/>	REMITTANCE NUMBER AND DATE	

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED ADDITIONAL SPACE, USE CONTINUATION SHEET (FORM TX/CON)

PREVIOUS REGISTRATION:

- Has registration for this work, or for an earlier version of this work, already been made in the Copyright Office? Yes ☒ No ☐
- If your answer is "Yes," why is another registration being sought? (Check appropriate box)
 - ☐ This is the first published edition of a work previously registered in unpublished form
 - ☐ This is the first application submitted by this author as copyright claimant
 - ☒ This is a changed version of the work, as shown by line 6 of this application
- If your answer is "Yes," give: Previous Registration Number **Pending** Year of Registration **1981**

5

Previous
Registration

COMPILATION OR DERIVATIVE WORK: (See instructions)

PREEXISTING MATERIAL: (Identify any preexisting work or works that this work is based on or incorporates.)

ASTEROIDS I. Computer Program

MATERIAL ADDED TO THIS WORK: (Give a brief, general statement of the material that has been added to this work and in which copyright is claimed.)

Additions, changes and revisions

6

Compilation
or
Derivative
Work

MANUFACTURERS AND LOCATIONS: (If this is a published work consisting preponderantly of nondramatic literary material in English, the law may require that the copies be manufactured in the United States or Canada for full protection. If so, the names of the manufacturers who performed certain processes, and the places where these processes were performed must be given. See instructions for details.)

NAMES OF MANUFACTURERS

ATARI, INC.

PLACES OF MANUFACTURE

United States of America

7

Manufacturing

REPRODUCTION FOR USE OF BLIND OR PHYSICALLY-HANDICAPPED PERSONS: (See instructions)

- Signature of this form at space 10, and a check in one of the boxes here in space 8, constitutes a non exclusive grant of permission to the Library of Congress to reproduce and distribute solely for the blind and physically handicapped and under the conditions and limitations prescribed by the regulations of the Copyright Office: (1) copies of the work identified in space 1 of this application in Braille for similar tactile symbols; or (2) phonorecords embodying a fixation of a reading of that work; or (3) both

☐ Copies and phonorecords☒ Copies Only☐ Phonorecords Only

8

License
For
Handicapped

DEPOSIT ACCOUNT: (If the registration fee is to be charged to a Deposit Account established in the Copyright Office, give name and number of Account.)

Name: **TOWNSEND and TOWNSEND**
Account Number: **DA-013986**

CORRESPONDENCE: (Give name and address to which correspondence about this application should be sent.)

Name: **Warren P. Kujawa**
Address: **TOWNSEND and TOWNSEND**
One Market Plaza
Steuart Street Tower, 20th floor
San Francisco, CA 94105

9

Fee and
Correspondence

CERTIFICATION: * I, the undersigned, hereby certify that I am the: (Check one)

☐ author ☐ other copyright claimant ☐ owner of exclusive rights ☒ authorized agent of

of the work identified in this application and that the statements made by me in this application are correct to the best of my knowledge

Handwritten signature (X)

Typed or printed name

Warren P. KujawaDate **7/2/81****ATARI, INC.**

(Name of author or other copyright claimant or owner of exclusive rights)

10

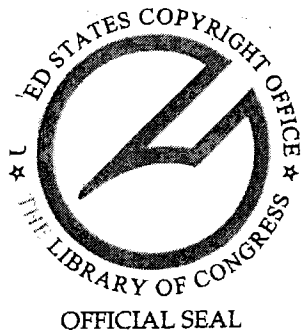
Certification
(Application
must be
signed)MAIL
CERTIFICATE
TO(Certificate will
be mailed in
window envelope)

11

Address
For Return
of
Certificate

Warren P. Kujawa
TOWNSEND and TOWNSEND
One Market Plaza
Steuart Street Tower, 20th floor
San Francisco, CA 94105

EXHIBIT 5



This Certificate issued under the seal of the Copyright Office in accordance with title 17, United States Code, attests that registration has been made for the work identified below. The information on this certificate has been made a part of the Copyright Office records.

Marybeth Peters
REGISTER OF COPYRIGHTS
United States of America

FORM PA
For a Work of the Performing Arts
UNITED STATES COPYRIGHT OFFICE

PA 1-086-529



EFFECTIVE DATE OF REGISTRATION

2 15 02
Month Day Year

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET.

TITLE OF THIS WORK ▼

Pong - The Next Level (MAC)

PREVIOUS OR ALTERNATIVE TITLES ▼

NATURE OF THIS WORK ▼ See instructions

Interactive Audio-Visual Work

NAME OF AUTHOR ▼

Infogrames Interactive, Inc.

Was this contribution to the work a "work made for hire"?
☐ Yes
☐ No

AUTHOR'S NATIONALITY OR DOMICILE

Name of Country

OR Citizen of

Domiciled in U.S.A.

DATES OF BIRTH AND DEATH

Year Born ▼

Year Died ▼

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

Anonymous? ☐ Yes ☒ No

Pseudonymous? ☐ Yes ☒ No

If the answer to either of these questions is "Yes," see detailed instructions.

NATURE OF AUTHORSHIP Briefly describe the nature of material created by this author in which copyright is claimed. ▼

NAME OF AUTHOR ▼

Was this contribution to the work a "work made for hire"?
☐ Yes
☐ No

AUTHOR'S NATIONALITY OR DOMICILE

Name of Country

OR Citizen of

Domiciled in

DATES OF BIRTH AND DEATH

Year Born ▼

Year Died ▼

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

Anonymous? ☐ Yes ☒ No

Pseudonymous? ☐ Yes ☒ No

If the answer to either of these questions is "Yes," see detailed instructions.

NATURE OF AUTHORSHIP Briefly describe the nature of material created by this author in which copyright is claimed. ▼

NAME OF AUTHOR ▼

Was this contribution to the work a "work made for hire"?
☐ Yes
☐ No

AUTHOR'S NATIONALITY OR DOMICILE

Name of Country

OR Citizen of

Domiciled in

DATES OF BIRTH AND DEATH

Year Born ▼

Year Died ▼

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

Anonymous? ☐ Yes ☒ No

Pseudonymous? ☐ Yes ☒ No

If the answer to either of these questions is "Yes," see detailed instructions.

NATURE OF AUTHORSHIP Briefly describe the nature of material created by this author in which copyright is claimed. ▼

YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED

2001

This information must be given in all cases.

DATE AND NATION OF FIRST PUBLICATION OF THIS PARTICULAR WORK

Complete this information ONLY if this work has been published.

Month June

Day 13

Year 2001

U.S.A.

Nation

COPYRIGHT CLAIMANT(S) Name and address must be given even if the claimant is the same as the author given in space 2. ▼

Infogrames Interactive, Inc.
50 Dunham Road
Beverly, MA 01915

TRANSFER If the claimant(s) named here in space 4 is (are) different from the author(s) named in space 2, give a brief statement of how the claimant(s) obtained ownership of the copyright. ▼

APPLICATION RECEIVED
FEB 15 2002 APR 04 2002

ONE DEPOSIT RECEIVED
FEB 15 2002

TWO DEPOSITS RECEIVED

FUNDS RECEIVED

MORE ON BACK ▼

• Complete all applicable spaces (numbers 5-9) on the reverse side of this page
• See detailed instructions
• Sign the form at line 8

DO NOT WRITE HERE
Page 1 of 2 pages

1

2

NOTE

Under the law, the "author" of a "work made for hire" is generally the employer, not the employee (see instructions). For any part of this work that was "made for hire," check "Yes" in the space provided, give the employer (or other person for whom the work was prepared) as "Author" of that part, and leave the space for dates of birth and death blank.

3

4

See instructions before completing this space

EXAMINED BY *[Signature]*

FORM PA

CHECKED BY

CORRESPONDENCE

Yes

FOR
COPYRIGHT
OFFICE
USE
ONLY

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET.

PREVIOUS REGISTRATION Has registration for this work, or for an earlier version of this work, already been made in the Copyright Office?

☐ Yes ☒ No If your answer is "Yes," why is another registration being sought? (Check appropriate box.) ☐ If your answer is "no," go to space 7.a. ☐ This is the first published edition of a work previously registered in unpublished form.b. ☐ This is the first application submitted by this author as copyright claimant.c. ☐ This is a changed version of the work, as shown by space 6 on this application.

If your answer is "Yes," give: Previous Registration Number ▼

Year of Registration ▼

DERIVATIVE WORK OR COMPILATION Complete both space 6a and 6b for a derivative work; complete only 6b for a compilation.
Preexisting Material Identify any preexisting work or works that this work is based on or incorporates ▼*contains some preexisting audiovisual - (arcade game)*

Material Added to This Work Give a brief, general statement of the material that has been added to this work and in which copyright is claimed. ▼

*all other audiovisual material*DEPOSIT ACCOUNT If the registration fee is to be charged to a Deposit Account established in the Copyright Office, give name and number of Account.
Name ▼ Account Number ▼

Infogrames Interactive, Inc.

DA 071617

CORRESPONDENCE Give name and address to which correspondence about this application should be sent Name/Address/Apt./City/State/ZIP ▼

Karen Moreau
Infogrames, Inc.
417 Fifth Avenue
New York, NY 10016

Area code and daytime telephone number ▶ (212) 726-6570

Fax number ▶ (212) 726-4214

Email ▶

CERTIFICATION* I, the undersigned, hereby certify that I am the

Check only one { ☐ author
☐ other copyright claimant
☐ owner of exclusive right(s)
☒ authorized agent of **Infogrames Interactive, Inc.**

Name of author or other copyright claimant, or owner of exclusive right(s) ▲

of the work identified in this application and that the statements made by me in this application are correct to the best of my knowledge.

Typed or printed name and date ▼ If this application gives a date of publication in space 3, do not sign and submit it before that date.

Karen Moreau

Date ▶ 2/13/02

Handwritten signature (X) ▼

Certificate
will be
mailed in
window
envelope
to this
address:

Name ▼

Karen Moreau - Infogrames, Inc.

Number/Street/Apt ▼

417 Fifth Avenue

City/State/ZIP ▼

New York, NY 10016

YOU MUST

- Complete all necessary spaces
- Sign your application in space 8

SEND ALL ELEMENTS
IN THE SAME PACKAGE

1. Application form
2. Nonrefundable filing fee in check or money order payable to Register of Copyrights
3. Deposit material

MAIL TO

Library of Congress
Copyright Office
101 Independence Avenue, S.E.
Washington, D.C. 20559-6000As of July 1, 1999,
the filing fee for
Form PA is \$30.

EXHIBIT 6

CERTIFICATE OF REGISTRATION



This Certificate issued under the seal of the Copyright Office in accordance with title 17, United States Code, attests that registration has been made for the work identified below. The information on this certificate has been made a part of the Copyright Office records.

[Signature]
REGISTER OF COPYRIGHTS
United States of America

FORM PA

UNITED STATES COPYRIGHT OFFICE

REGISTRATION NUMBER

PA 610 716

EFFECTIVE DATE OF REGISTRATION

FEB 06 1987

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET.

TITLE OF THIS WORK ▼

BREAKOUT

PREVIOUS OR ALTERNATIVE TITLES ▼

NATURE OF THIS WORK ▼ See instructions

Audiovisual Work

NAME OF AUTHOR ▼

a Atari, Inc.

DATES OF BIRTH AND DEATH
Year Born ▼ Year Died ▼Was this contribution to the work a
"work made for hire"? ☒ Yes ☐ NoAUTHOR'S NATIONALITY OR DOMICILE
Name of CountryOR { Citizen of ►
Domiciled in ► United StatesWAS THIS AUTHOR'S CONTRIBUTION TO
THE WORKAnonymously? ☐ Yes ☒ No
Pseudonymously? ☐ Yes ☒ NoIf the answer to either
of these questions is
"Yes" see detailed
instructions.

NATURE OF AUTHORSHIP Briefly describe nature of the material created by this author in which copyright is claimed. ▼

Entire Audiovisual Work

NAME OF AUTHOR ▼

b

DATES OF BIRTH AND DEATH
Year Born ▼ Year Died ▼Was this contribution to the work a
"work made for hire"? ☐ Yes ☐ NoAUTHOR'S NATIONALITY OR DOMICILE
Name of CountryOR { Citizen of ►
Domiciled in ►WAS THIS AUTHOR'S CONTRIBUTION TO
THE WORKAnonymously? ☐ Yes ☐ No
Pseudonymously? ☐ Yes ☐ NoIf the answer to either
of these questions is
"Yes" see detailed
instructions.

NATURE OF AUTHORSHIP Briefly describe nature of the material created by this author in which copyright is claimed. ▼

NAME OF AUTHOR ▼

c

DATES OF BIRTH AND DEATH
Year Born ▼ Year Died ▼Was this contribution to the work a
"work made for hire"? ☐ Yes ☐ NoAUTHOR'S NATIONALITY OR DOMICILE
Name of CountryOR { Citizen of ►
Domiciled in ►WAS THIS AUTHOR'S CONTRIBUTION TO
THE WORKAnonymously? ☐ Yes ☐ No
Pseudonymously? ☐ Yes ☐ NoIf the answer to either
of these questions is
"Yes" see detailed
instructions.

NATURE OF AUTHORSHIP Briefly describe nature of the material created by this author in which copyright is claimed. ▼

3 YEAR IN WHICH CREATION OF THIS
WORK WAS COMPLETED This information
must be given
in all cases.
1975 4 YearDATE AND NATION OF FIRST PUBLICATION OF THIS PARTICULAR WORK
Complete this information Month ► May Day ► 15* Year ► 1976
ONLY if this work
has been published. United States4 COPYRIGHT CLAIMANT(S) Name and address must be given even if the claimant is the
same as the author given in space 2. ▼Atari Games Corporation
675 Sycamore, P.O. Box 361110
Milpitas, California 95035

APPLICATION RECEIVED

FEB 06 1987

ONE DEPOSIT RECEIVED

FEB 06 1987

TWO DEPOSITS RECEIVED

TRANSFER If the claimant(s) named here in space 4 are different from the author(s) named
in space 2, give a brief statement of how the claimant(s) obtained ownership of the copyright. ▼

Assignment

DO NOT WRITE HERE
OFFICE USE ONLY

REMITTANCE NUMBER AND DATE

MORE ON BACK ► • Complete all applicable spaces (numbers 5-8) on the reverse side of this page
• See detailed instructions • Sign the form at line 8

DO NOT WRITE HERE

PA 610 716

*Information added by C.O. authority Sidney
Katz in phone call of 5/12/93.

EXAMINED BY

FORM PA

CHECKED BY

☒ CORRESPONDENCE
Yes

☐ DEPOSIT ACCOUNT
FUNDS USED

FOR
COPYRIGHT
OFFICE
USE
ONLY

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET.

PREVIOUS REGISTRATION Has registration for this work, or for an earlier version of this work, already been made in the Copyright Office?

☐ Yes ☒ No If your answer is "Yes," why is another registration being sought? (Check appropriate box) ▼

☐ This is the first published edition of a work previously registered in unpublished form.

☐ This is the first application submitted by this author as copyright claimant.

☐ This is a changed version of the work, as shown by space 6 on this application.

If your answer is "Yes," give: Previous Registration Number ▼

Year of Registration ▼

5

DERIVATIVE WORK OR COMPILATION Complete both space 6a & 6b for a derivative work; complete only 6b for a compilation.

Preexisting Material Identify any preexisting work or works that this work is based on or incorporates. ▼

6

See instructions
before completing
this space.

6. Material Added to This Work Give a brief, general statement of the material that has been added to this work and in which copyright is claimed. ▼

DEPOSIT ACCOUNT If the registration fee is to be charged to a Deposit Account established in the Copyright Office, give name and number of Account.

Name ▼

Account Number ▼

7

CORRESPONDENCE Give name and address to which correspondence about this application should be sent. Name/Address/Apt./City/State/Zip ▼

A. Sidney Katz

Welsh & Katz, Ltd.

135 South LaSalle Street, Suite 1625

Chicago, Illinois 60603

Area Code & Telephone Number ▶ (312) 781-9470

Be sure to
give your
daytime phone
number.

8

CERTIFICATION* I, the undersigned, hereby certify that I am the

Check only one ▼

☐ author☐ other copyright claimant☐ owner of exclusive right(s)☒ authorized agent of Atari Games Corporation

Name of author or other copyright claimant, or owner of exclusive right(s) ▲

of the work identified in this application and that the statements made
by me in this application are correct to the best of my knowledge.

Signed or printed name and date ▼ If this is a published work, this date must be the same as or later than the date of publication given in space 3.

A. Sidney Katz

date ▶

5/5/87

Handwritten signature (X) ▼

MAIL
CERTIFICATE TO

Certificate
will be
mailed in
window
envelope

Name ▼

A. Sidney Katz

Number/Street/Apartment Number ▼

Welsh & Katz, Ltd.

City/State/ZIP ▼

135 South LaSalle Street, Suite 1625

Chicago, Illinois 60603

Have you:

- Completed all necessary spaces?
- Signed your application in space 8?
- Enclosed check or money order for \$10 payable to Register of Copyrights?
- Enclosed your deposit material with the application and fee?

MAIL TO: Register of Copyrights
Library of Congress, Washington
D.C. 20559.

9

* 17 U.S.C. § 506(e). Any person who knowingly makes a false representation of a material fact in the application for copyright registration provided for by section 409, or in any written statement filed in connection with the application, shall be fined not more than \$2,500.

FORM PA

UNITED STATES COPYRIGHT OFFICE

REGISTRATION NUMBER

PA

175-216

EFFECTIVE DATE OF REGISTRATION

JUN

9

83

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET.

1 TITLE OF THIS WORK ▼

Breakout

PREVIOUS OR ALTERNATIVE TITLES ▼**NATURE OF THIS WORK ▼**

Audiovisual work

2 a NAME OF AUTHOR ▼

Atari, Inc.

DATES OF BIRTH AND DEATH ▼

Year Born ▼

Year Died ▼

Is this contribution to the work a work made for hire?

☒ Yes**AUTHOR'S NATIONALITY OR DOMICILE**

Country of Country

OR Citizen of ▼

Domiciled in ▼ U.S.A.

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORKAnonymous? ☐ Yes ☒ NoPseudonymous? ☐ Yes ☒ No

If the answer to either of these questions is "Yes," see detailed instructions.

NATURE OF AUTHORSHIP

Briefly describe nature of the material created by this author in which copyright is claimed ▼

Entire work - See space 6

b NAME OF AUTHOR ▼**DATES OF BIRTH AND DEATH ▼**

Year Born ▼

Year Died ▼

Is this contribution to the work a work made for hire?

☐ Yes**AUTHOR'S NATIONALITY OR DOMICILE**

Country of Country

OR Citizen of ▼

Domiciled in ▼

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORKAnonymous? ☐ Yes ☐ NoPseudonymous? ☐ Yes ☐ No

If the answer to either of these questions is "Yes," see detailed instructions.

NATURE OF AUTHORSHIP

Briefly describe nature of the material created by this author in which copyright is claimed ▼

c NAME OF AUTHOR ▼**DATES OF BIRTH AND DEATH ▼**

Year Born ▼

Year Died ▼

Is this contribution to the work a work made for hire?

☐ Yes**AUTHOR'S NATIONALITY OR DOMICILE**

Country of Country

OR Citizen of ▼

Domiciled in ▼

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORKAnonymous? ☐ Yes ☐ NoPseudonymous? ☐ Yes ☐ No

If the answer to either of these questions is "Yes," see detailed instructions.

NATURE OF AUTHORSHIP

Briefly describe nature of the material created by this author in which copyright is claimed ▼

3 YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED

1978

This information must be given in all cases.

DATE AND NATION OF FIRST PUBLICATION OF THIS PARTICULAR WORK

Complete this information ONLY if this work has been published.

November

9

1978

U.S.A.

4 COPYRIGHT CLAIMANT(S) Name and address must be given even if the claimant is the owner as the author given in space 2 ▼Atari, Inc.
1265 Borregas Avenue
Sunnyvale, California 94086**APPLICATION RECEIVED**

24 JUN 1983

9 JUN 1983

COPIES DEPOSIT RECEIVED

9 JUN 1983

COPIES RECEIVED

9 JUN 1983

TRANSFER If the claimant(s) named here in space 4 are different from the author(s) named in space 2, give a brief statement of how the claimant(s) obtained ownership of the copyright ▼**REMARKS NUMBER AND DATE**

2308:1 U.S. Special

MORE ON BACK ▶

• This form is available in spaces 5 and 6 on the reverse side of this form.
• Sign the form at line 8.

DO NOT WRITE HERE

Page 1 of 1 Pages

*Special relief granted under
20220 (6) of the C.D. reg.

PA

175-216

☒ **Copyright**
☐ **Patent**

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET

PREVIOUS REGISTRATION Has registration for this work, or for an earlier version of the work, already been made in the Copyright Office?

☐ Yes ☒ No If your answer is "Yes," why is another registration being sought? (Check appropriate box) ▼

☐ This is the first published edition of a work previously registered in unpublished form

☐ This is the first application submitted by this author as copyright claimant

☐ This is a changed version of the work, as shown by space on this application

If your answer is "Yes," give: Previous Registration Number ▼

Year of Registration ▼

DERIVATIVE WORK OR COMPILATION Complete both space b & c for a derivative work. (See 17 U.S.C. § 101.)

a. Preexisting Material Identify any preexisting work or works that this work is based on or incorporates. ▼

Arcade versions of Breakout (pub. 1976) and Super Breakout (pub. 1978).

b. Material Added to This Work Give a brief, general statement of the material that has been added to the preexisting work. ▼

New sounds in audiovisual work and new artwork and text on package and instructions.

DEPOSIT ACCOUNT If the registration fee is to be charged to a Deposit Account established in the Copyright Office, give the account name and number. ▼

CORRESPONDENCE Give name and address to which correspondence about this application should be sent. ▼

Brylawski & Cleary

224 East Capitol Street

Washington, D.C. 20003

Attn: Edwin Komen

Area Code & Telephone Number ▼

(202) 547-1111

CERTIFICATION I, the undersigned, hereby certify that I am the

Check only one ▼

☐ author

☐ other copyright claimant

☐ owner of exclusive rights

☒ authorized agent of Atari, Inc.

of the work identified in this application and that the statements made by me in this application are correct to the best of my knowledge.

Typed or printed name and date ▼ If this is a published work, this date must be the same as in the title page of the work.

Edwin Komen

June 23, 1983

Handwritten signature (X) ▼

MAIL CERTIFICATE TO

Certificate will be mailed in window envelope

Brylawski & Cleary

224 East Capitol Street

Washington, D.C. 20003

* 17 U.S.C. § 506(c). Any person who knowingly makes a false representation of a false statement in connection with the application shall be liable to a fine of not more than \$25,000.

U.S. GOVERNMENT PRINTING OFFICE: 1981-355-507

FORM PA

UNITED STATES COPYRIGHT OFFICE

REGISTRATION NUMBER

PA 640 716

PA

PAU

EFFECTIVE DATE OF REGISTRATION

FEB. 06. 1987

Month

Day

Year

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET.

TITLE OF THIS WORK ▼

BREAKOUT

PREVIOUS OR ALTERNATIVE TITLES ▼

NATURE OF THIS WORK ▼ See instructions

Audiovisual Work

NAME OF AUTHOR ▼

a

Atari Inc.

DATES OF BIRTH AND DEATH

Year Born ▼

Year Died ▼

Was this contribution to the work a
"work made for hire"? ☒ Yes ☐ NoAUTHOR'S NATIONALITY OR DOMICILE
Name of CountryOR { Citizen of ►
Domiciled in ► United StatesWAS THIS AUTHOR'S CONTRIBUTION TO
THE WORKAnonymous? ☐ Yes ☒ NoPseudonymous? ☐ Yes ☒ NoIf the answer to either
of these questions is
"Yes," see detailed
instructions.

NATURE OF AUTHORSHIP Briefly describe nature of the material created by this author in which copyright is claimed. ▼

Entire Audiovisual Work

NAME OF AUTHOR ▼

b

DATES OF BIRTH AND DEATH

Year Born ▼

Year Died ▼

Was this contribution to the work a
"work made for hire"? ☐ Yes ☐ NoAUTHOR'S NATIONALITY OR DOMICILE
Name of CountryOR { Citizen of ►
Domiciled in ►WAS THIS AUTHOR'S CONTRIBUTION TO
THE WORKAnonymous? ☐ Yes ☐ NoPseudonymous? ☐ Yes ☐ NoIf the answer to either
of these questions is
"Yes," see detailed
instructions.

NATURE OF AUTHORSHIP Briefly describe nature of the material created by this author in which copyright is claimed. ▼

NAME OF AUTHOR ▼

c

DATES OF BIRTH AND DEATH

Year Born ▼

Year Died ▼

Was this contribution to the work a
"work made for hire"? ☐ Yes ☐ NoAUTHOR'S NATIONALITY OR DOMICILE
Name of CountryOR { Citizen of ►
Domiciled in ►WAS THIS AUTHOR'S CONTRIBUTION TO
THE WORKAnonymous? ☐ Yes ☐ NoPseudonymous? ☐ Yes ☐ NoIf the answer to either
of these questions is
"Yes," see detailed
instructions.

NATURE OF AUTHORSHIP Briefly describe nature of the material created by this author in which copyright is claimed. ▼

YEAR IN WHICH CREATION OF THIS
WORK WAS COMPLETED

1975

Year

This information
must be given
in all cases.

DATE AND NATION OF FIRST PUBLICATION OF THIS PARTICULAR WORK

Complete this information
ONLY if this work
has been published.

Month ► May

Day ► 15*

Year ► 1976

United States

Nation

COPYRIGHT CLAIMANT(S) Name and address must be given even if the claimant is the
same as the author given in space 2. ▼Atari Games Corporation
675 Sycamore, P.O. Box 361110
Milpitas, California 95035

APPLICATION RECEIVED

FEB. 06. 1987

ONE DEPOSIT RECEIVED

FEB. 06. 1987

TWO DEPOSITS RECEIVED

REMITTANCE NUMBER AND DATE

TRANSFER If the claimant(s) named here in space 4 are different from the author(s) named
in space 2, give a brief statement of how the claimant(s) obtained ownership of the copyright. ▼
Assignment

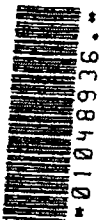
MORE ON BACK ►

- Complete all applicable spaces (numbers 5-9) on the reverse side of this page.
- See detailed instructions.
- Sign the form at line 8.

DO NOT WRITE HERE

Page 1 of 2 pages

01048936



Other persons (if
whom the work
was prepared)
as "Author" of
that part, and
leave the space
for dates of birth
and death blank.

See instructions
before completing
this space.

DO NOT WRITE HERE
OFFICE USE ONLY

PA 610 716

*Information added by C.O. authority Sidney
Katz in phone call of 5/12/93.

EXAMINED BY

CHECKED BY

☒ CORRESPONDENCE
Yes

☐ DEPOSIT ACCOUNT
FUNDS USED

FORM PA

FOR
COPYRIGHT
OFFICE
USE
ONLY

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET.

PREVIOUS REGISTRATION Has registration for this work, or for an earlier version of this work, already been made in the Copyright Office?

☐ Yes ☒ No If your answer is "Yes," why is another registration being sought? (Check appropriate box) ▼

☐ This is the first published edition of a work previously registered in unpublished form.

☐ This is the first application submitted by this author as copyright claimant.

☐ This is a changed version of the work, as shown by space 6 on this application.

If your answer is "Yes," give: Previous Registration Number ▼

Year of Registration ▼

DERIVATIVE WORK OR COMPILATION Complete both space 6a & 6b for a derivative work; complete only 6b for a compilation.

a. **Preexisting Material** Identify any preexisting work or works that this work is based on or incorporates. ▼

b. **Material Added to This Work** Give a brief, general statement of the material that has been added to this work and in which copyright is claimed. ▼

DEPOSIT ACCOUNT If the registration fee is to be charged to a Deposit Account established in the Copyright Office, give name and number of Account.

Name ▼

Account Number ▼

CORRESPONDENCE Give name and address to which correspondence about this application should be sent. Name/Address/Apt/City/State/Zip ▼

A. Sidney Katz

Welsh & Katz, Ltd.

135 South LaSalle Street, Suite 1625

Chicago, Illinois 60603

Area Code & Telephone Number ▶ (312) 781-9470

Be sure to
give your
daytime phone
number

CERTIFICATION* I, the undersigned, hereby certify that I am the

Check only one ▼

☐ author

☐ other copyright claimant

☐ owner of exclusive right(s)

☒ authorized agent of Atari Games Corporation

Name of author or other copyright claimant, or owner of exclusive right(s) ▲

of the work identified in this application and that the statements made
by me in this application are correct to the best of my knowledge.

Typed or printed name and date ▼ If this is a published work, this date must be the same as or later than the date of publication given in space 3.

A. Sidney Katz

date ▶ 2/5/87

Handwritten signature (X) ▼

MAIL
CERTIFI-
CATE TO

Certificate
will be
mailed in
window
envelope

Name ▼	A. Sidney Katz Welsh & Katz, Ltd.
Number/Street/Apartment Number ▼	135 South LaSalle Street, Suite 1625
City/State/ZIP ▼	Chicago, Illinois 60603

Have you:

- Completed all necessary spaces?
- Signed your application in space 8?
- Enclosed check or money order for \$10 payable to Register of Copyrights?
- Enclosed your deposit material with the application and fee?

MAIL TO: Register of Copyrights,
Library of Congress, Washington,
D.C. 20559.

* 17 U.S.C. § 506(e): Any person who knowingly makes a false representation of a material fact in the application for copyright registration provided for by section 409, or in any written statement filed in connection with this application, shall be fined not more than \$2,500.

☆ U.S. GOVERNMENT PRINTING OFFICE: 1981: 355-306

Nov. 1981-700,000

FORM VA

UNITED STATES COPYRIGHT OFFICE

REGISTRATION NUMBER

VA

15-994

VAU

VAU

EFFECTIVE DATE OF REGISTRATION

27 OCT 1978

Month

Day

Year

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED ADDITIONAL SPACE, USE CONTINUATION SHEET (FORM VA/CON)

1

Title

TITLE OF THIS WORK:

PRINTED CARTON, BREAKOUT, VIDEO COMPUTER SYSTEM GAME
Previous or Alternative Titles: PROGRAM (No. C011822-22)

NATURE OF THIS WORK: (See instructions)

ACRYLIC PAINTING
ON FOLDING CARTON

PUBLICATION AS A CONTRIBUTION: (If this work was published as a contribution to a periodical, serial, or collection, give information about the collective work in which the contribution appeared.)

Title of Collective Work: Vol. No. Date Pages

2

Author(s)

IMPORTANT:

Under the law, the "author" of a "work made for hire" is generally the employer, not the employee's (see instructions). If any part of this work was "made for hire" check "Yes" in the space provided, give the employer (or other person for whom the work was prepared) as "Author" of that part and leave the space for dates blank.

NAME OF AUTHOR:

ATARI INC.

Was this author's contribution to the work a "work made for hire"? Yes ☒ No ☐

DATES OF BIRTH AND DEATH:

Born (Year) Died (Year)

AUTHOR'S NATIONALITY OR DOMICILE:

Citizen of U.S.A. } or { Domiciled in U.S.A.
(Name of Country) (Name of Country)

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK:

Anonymous? Yes No ☒
Pseudonym? Yes No ☒

If the answer to either of these questions is "Yes," see detailed instructions attached.

AUTHOR OF: (Briefly describe nature of this author's contribution)
PAINTING AND PACKAGE DESIGN

NAME OF AUTHOR:

Was this author's contribution to the work a "work made for hire"? Yes No

DATES OF BIRTH AND DEATH:

Born (Year) Died (Year)

AUTHOR'S NATIONALITY OR DOMICILE:

Citizen of } or { Domiciled in
(Name of Country) (Name of Country)

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK:

Anonymous? Yes No
Pseudonym? Yes No

If the answer to either of these questions is "Yes," see detailed instructions attached.

AUTHOR OF: (Briefly describe nature of this author's contribution)

NAME OF AUTHOR:

Was this author's contribution to the work a "work made for hire"? Yes No

DATES OF BIRTH AND DEATH:

Born (Year) Died (Year)

AUTHOR'S NATIONALITY OR DOMICILE:

Citizen of } or { Domiciled in
(Name of Country) (Name of Country)

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK:

Anonymous? Yes No
Pseudonym? Yes No

If the answer to either of these questions is "Yes," see detailed instructions attached.

AUTHOR OF: (Briefly describe nature of this author's contribution)

3

Creation and Publication

YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED:

Year 1978

(This information must be given in all cases)

DATE AND NATION OF FIRST PUBLICATION:

Date JANUARY 2, 1978
(Month) (Day) (Year)Nation U.S.A.
(Name of Country)

(Complete this block ONLY if this work has been published)

4

Claimant(s)

NAME(S) AND ADDRESS(ES) OF COPYRIGHT CLAIMANT(S):

ATARI INC.
P.O. BOX 9027, 1272 BORREGAS AVE.
SUNNYVALE, CA 90486

TRANSFER: (If the copyright claimant(s) named here in space 4 are different from the author(s) named in space 2, give a brief statement of how the claimant(s) obtained ownership of the copyright.)

NONE

- Complete all applicable spaces (numbers 5-9) on the reverse side of this page
- Follow detailed instructions attached
- Sign the form at line 8

DO NOT WRITE HERE

Page 1 of 1 pages

VA 15-994	EXAMINED BY: <i>MB</i> CHECKED BY:	APPLICATION RECEIVED: OCT. 27 1978 DEC 22 1978	FOR COPYRIGHT OFFICE USE ONLY
	CORRESPONDENCE: <input checked="" type="checkbox"/> Yes	DEPOSIT RECEIVED: OCT. 27 1978	
	DEPOSIT ACCOUNT FUNDS USED: <input type="checkbox"/>	REMITTANCE NUMBER AND DATE: 29073 OCT 27 78	

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED ADDITIONAL SPACE, USE CONTINUATION SHEET (FORM VA/CON)

PREVIOUS REGISTRATION: <ul style="list-style-type: none"> Has registration for this work, or for an earlier version of this work, already been made in the Copyright Office? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> X If your answer is "Yes," why is another registration being sought? (Check appropriate box) <ul style="list-style-type: none"> <input type="checkbox"/> This is the first published edition of a work previously registered in unpublished form. <input type="checkbox"/> This is the first application submitted by this author as copyright claimant. <input type="checkbox"/> This is a changed version of the work, as shown by line 6 of the application. If your answer is "Yes," give: Previous Registration Number: _____ Year of Registration: _____ 	5 Previous Registration
---	--------------------------------------

COMPILATION OR DERIVATIVE WORK: (See instructions)	6 Compilation or Derivative Work
PREEXISTING MATERIAL: (Identify any preexisting work or works that this work is based on or incorporates.) N/A	
MATERIAL ADDED TO THIS WORK: (Give a brief, general statement of the material that has been added to this work and in which copy rights claims.) N/A	

DEPOSIT ACCOUNT: (If the registration fee is to be charged to a Deposit Account established in the Copyright Office, give name and number of Account.) Name: NONE Account Number:	CORRESPONDENCE: (Give name and address to which correspondence about this application should be sent.) Name: WILLIAM HAMBLIN c/o ATARI INC. Address: P.O. BOX 9027, 1272 BORREGAS AVE., (Apt) SUNNYVAL, CALIF. 94086 (City) (State) (ZIP)	7 Fee and Correspondence
--	---	---------------------------------------

CERTIFICATION: * I, the undersigned, hereby certify that I am the: (Check one) <input checked="" type="checkbox"/> Author of copyright claimant <input type="checkbox"/> Owner of exclusive right(s) <input type="checkbox"/> Authorized agent of of the work identified in this application and that the statements made by me in this application are true to the best of my knowledge (Name of owner or other copyright claimant, or owner of exclusive right(s)) Handwritten signature: (X) <i>William Hamblin</i> Typed or printed name: WILLIAM HAMBLIN Date: 9/27/78	8 Certification (Application must be signed)
---	---

WILLIAM HAMBLIN c/o ATARI INC. (Name) P.O. BOX 9027, 1272 BORREGAS AVE. (Number, Street and Apartment Number) SUNNYVALE, CALIF. 94086 (City) (State) (ZIP)	MAIL CERTIFICATE TO 26 JAN 1979 (Certificate will be mailed in window envelope)	9 Address For Return of Certificate
---	--	--

* If the undersigned is not the author, owner, or authorized agent of the work, the undersigned shall be held not more than 12 months.

FORM TX

UNITED STATES COPYRIGHT OFFICE

REGISTRATION NUMBER	
TX	58-926
TX	TXU
EFFECTIVE DATE OF REGISTRATION	
6	29 78
Month	Day Year

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE CONTINUATION SHEET

1 Title	TITLE OF THIS WORK: BREAKOUT GAME PROGRAM INSTRUCTIONS, Model CX2622	PREVIOUS OR ALTERNATIVE TITLES:
	No. C011402-22	
If a periodical or serial give: Vol. No. Issue Date		
PUBLICATION AS A CONTRIBUTION: (If this work was published as a contribution to a periodical, serial, or collection, give information about the collection work in which the contribution appeared.)		
Free of Collective Work: Vol. No. Date Pages		

2 Author(s)	IMPORTANT: Under the law, the "author" of a "work made for hire" is generally the employer, not the employee (see instructions). If any part of this work was "made for hire" check "Yes" in the space provided, give the employer (or other person for whom the work was prepared) as "Author" of that part, and leave the space for dates blank.	
	NAME OF AUTHOR: Atari Inc. Was this author's contribution to the work a "work made for hire"? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	DATES OF BIRTH AND DEATH: Born (Year) Died (Year)
	AUTHOR'S NATIONALITY OR DOMICILE: Citizen of U.S.A. or Domiciled in U.S.A. (Name of Country) (Name of Country)	WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Pseudonymous? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If the answer to either of these questions is "Yes, see detailed instructions attached."
3	NAME OF AUTHOR: Was this author's contribution to the work a "work made for hire"? Yes <input type="checkbox"/> No <input type="checkbox"/>	DATES OF BIRTH AND DEATH: Born (Year) Died (Year)
	AUTHOR'S NATIONALITY OR DOMICILE: Citizen of (Name of Country) or Domiciled in (Name of Country)	WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes <input type="checkbox"/> No <input type="checkbox"/> Pseudonymous? Yes <input type="checkbox"/> No <input type="checkbox"/> If the answer to either of these questions is "Yes, see detailed instructions attached."
	AUTHOR OF: (Briefly describe nature of this author's contribution) Entire Text	
4	NAME OF AUTHOR: Was this author's contribution to the work a "work made for hire"? Yes <input type="checkbox"/> No <input type="checkbox"/>	DATES OF BIRTH AND DEATH: Born (Year) Died (Year)
	AUTHOR'S NATIONALITY OR DOMICILE: Citizen of (Name of Country) or Domiciled in (Name of Country)	WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK: Anonymous? Yes <input type="checkbox"/> No <input type="checkbox"/> Pseudonymous? Yes <input type="checkbox"/> No <input type="checkbox"/> If the answer to either of these questions is "Yes, see detailed instructions attached."
	AUTHOR OF: (Briefly describe nature of this author's contribution)	

3 Creation and Publication	YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED: Year 1978 (This information must be given in all cases.)	DATE AND NATION OF FIRST PUBLICATION: Date June 26, 1978 (Month) (Day) (Year) Nation U.S.A. (Name of Country) (Complete this block ONLY if this work has been published.)
-------------------------------	--	--

4 Claimant(s)	NAME(S) AND ADDRESS(ES) OF COPYRIGHT CLAIMANT(S): Atari Inc. 155 Moffett Pk. Dr., Suite 108 Sunnyvale, Calif. 94086
	TRANSFER: If the copyright claimant(s) named here in space 4 are different from the author(s) named in space 2, give a brief statement of how the claimant(s) obtained ownership of the copyright.

- Complete all of the other spaces on numbers 5-11 on the reverse side of this page
- Follow detailed instructions on the attached
- Sign the form at the bottom

DO NOT WRITE HERE

Page 1 of 1 pages

TX 58-926	EXAMINED BY: <i>HW</i>	APPLICATION RECEIVED	FOR COPYRIGHT OFFICE USE ONLY
	CHECKED BY:	DEPOSIT RECEIVED	
	CORRESPONDENCE: <input type="checkbox"/> Yes	REMITTANCE NUMBER AND DATE	
	DEPOSIT ACCOUNT FUNDS USED <input type="checkbox"/>	244316 JUN 29 78	

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED ADDITIONAL SPACE, USE CONTINUATION SHEET (FORM TX/CON)

PREVIOUS REGISTRATION:

- Has registration for this work, or for an earlier version of this work, already been made in the Copyright Office? Yes No **X**
- If your answer is "Yes," why is another registration being sought? (Check appropriate box)
 - ☐ This is the first published edition of a work previously registered in unpublished form.
 - ☐ This is the first application submitted by this author as copyright claimant.
 - ☐ This is a changed version of the work, as shown by line 6 of this application.
- If your answer is "Yes," give: Previous Registration Number Year of Registration

5Previous
Registration

COMPILATION OR DERIVATIVE WORK: (See instructions)

PREEXISTING MATERIAL: (Identify any preexisting work or works that this work is based on or incorporates.)

N/A

MATERIAL ADDED TO THIS WORK: (Give a brief, general statement of the material that has been added to this work and in which copyright is claimed.)

N/A

6Compilation
or
Derivative
Work

MANUFACTURERS AND LOCATIONS: (If this is a published work consisting preponderantly of nondramatic literary material in English, the law may require that the copies be manufactured in the United States or Canada for full protection. If so, the names of the manufacturers who performed certain processes, and the places where these processes were performed must be given. See instructions for details.)

NAMES OF MANUFACTURERS

Printer: California Printing
Typeset: Atari Inc.

PLACES OF MANUFACTURE

San Francisco, Calif.
Sunnyvale, Calif.

7

Manufacturing

REPRODUCTION FOR USE OF BLIND OR PHYSICALLY HANDICAPPED PERSONS: (See instructions)

- Signature of this form at space 10, and a check in one of the boxes here in space 8, constitutes a non-exclusive grant of permission to the Library of Congress to reproduce and distribute solely for the blind and physically handicapped and under the conditions and limitations prescribed by the regulations of the Copyright Office: (1) copies of the work identified in space 1 of this application in Braille (or similar tactile symbols); or (2) phonorecords embodying a fixation of a reading of that work; or (3) both.

a ☐ Copies and phonorecordsb ☐ Copies Onlyc ☐ Phonorecords Only**8**License
For
Handicapped

DEPOSIT ACCOUNT: (If the registration fee is to be charged to a Deposit Account established in the Copyright Office, give name and number of Account.)

Name:
Account Number:

CORRESPONDENCE: (Give name and address to which correspondence about this application should be sent.)

Name: Stephen R. Harding c/o Atari Inc.
Address: 155 Moffett Pk. Dr., Suite 108
Sunnyvale, Calif. 94086
(City) (State) (ZIP)

9Fee and
Correspondence**CERTIFICATION:** * I, the undersigned, hereby certify that I am the: (Check one)

☐ author ☐ other copyright claimant ☐ owner of exclusive right(s) ☒ authorized agent of: **ATARI INC.**
(Name of author or other copyright claimant or owner of exclusive right(s))
of the work identified in this application and that the statements made by me in this application are correct to the best of my knowledge.



Handwritten signature: (X)

Typed or printed name: Stephen R. Harding

Date: June 26, 1978

10Certification
(Application
must be
signed)

Stephen R. Harding, c/o Atari Inc.
(Name)

155 Moffett Pk. Dr., Suite 108
Sunnyvale Calif. 94086
(Number, Street and Apartment Number) (City) (State) (ZIP code)

**MAIL
CERTIFICATE
TO**
4 L.B. ...
(Certificate will
be mailed in
window envelope)

11Address
For Return
of
Certificate

* 17 U.S.C. § 506(e): Any person who knowingly makes a false representation of a material fact in the application for copyright registration provided for by section 409, or in any written statement filed in connection with the application, shall be fined not more than \$2,500.

Page 1

Application

for Registration of a Claim to Copyright

in a published book manufactured in the United States of America

FORM A

REGISTRATION NO.

A 752133

DO NOT WRITE HERE

CLASS

A

Instructions: Make sure that all applicable spaces have been completed before you submit the form. The application must be **SIGNED** at line 10 and the **AFFIDAVIT** (line 11) must be **COMPLETED AND NOTARIZED**. The application should not be submitted until after the date of publication given in line 4, and should state the facts which existed on that date. For further information, see page 4.

Pages 1. and 2 should be typewritten or printed with pen and ink. Pages 3 and 4 should contain exactly the same information as pages 1 and 2, but may be carbon copies. Mail all pages of the application to the Register of Copyrights, Library of Congress, Washington, D.C. 20559, together with 2 copies of the best edition of the work and the registration fee of \$6. Make your remittance payable to the Register of Copyrights.

1. Copyright Claimant(s) and Address(es): Give the name(s) and address(es) of the copyright owner(s). Ordinarily the name(s) should be the same as in the notice of copyright on the copies deposited.

Name Atari, Inc.

Address 14600 Winchester Boulevard, Los Gatos, CA 95030

Name _____

Address _____

2. Title: "Breakout" Operation Maintenance Service Manual

(Give the title of the book as it appears on the title page)

(Atari # TM-058)

3. Authors: Citizenship and domicile information must be given. Where a work was made for hire, the employer is the author. The citizenship of organizations formed under U.S. Federal or State law should be stated as U.S.A. Authors may be editors, compilers,

translators, illustrators, etc., as well as authors of original text. If the copyright claim is based on new matter (see line 5) give requested information about the author of the new matter.

Name Atari, Inc.

(Give legal name followed by pseudonym if latter appears on the copies)

Citizenship U.S.A.

(Name of country)

Domiciled in U.S.A. Yes XX No _____

Address 14600 Winchester Blvd., Los Gatos, CA 95030

Name _____

(Give legal name followed by pseudonym if latter appears on the copies)

Citizenship _____

(Name of country)

Domiciled in U.S.A. Yes _____ No _____

Address _____

Name _____

(Give legal name followed by pseudonym if latter appears on the copies)

Citizenship _____

(Name of country)

Domiciled in U.S.A. Yes _____ No _____

Address _____

4. Date of Publication of This Edition: Give the complete date when copies of this particular edition were first placed on sale, sold, or publicly distributed. The date when copies were made or

printed should not be confused with the date of publication. **NOTE:** The full date (month, day, and year) must be given. For further information, see page 4.

May 27 1976
(Month) (Day) (Year)

➡ (NOTE: Leave line 5 blank unless the following instructions apply to this work.) <⬅

5. New Matter in This Version: If any substantial part of this work has been previously published anywhere, give a brief, general statement of the nature of the new matter published for the first

time in this version. New matter may consist of compilation, translation, abridgment, editorial revision, and the like, as well as additional text or pictorial matter.

➡ **NOTE:** Leave line 6 blank unless there has been a PREVIOUS FOREIGN EDITION in the English language. <⬅

6. Book in English Previously Manufactured and Published Abroad: If all or a substantial part of the text of this edition was previously manufactured and published abroad in the English language, complete the following spaces:

Date of first publication of foreign edition _____
(Year)

Was registration for the foreign edition made in the U.S.

Copyright Office? Yes _____ No _____

If your answer is "Yes," give registration number _____

Complete all applicable spaces on next page



7. If registration fee is to be charged to a deposit account established in the Copyright Office, give name of account:

NONE

8. Name and address of person or organization to whom correspondence or refund, if any, should be sent:

Name Andrea Dencker / Atari, Inc. Address 477 Division St., Campbell, CA 95008

9. Send certificate to:

(Type or
print Name
name and
address) Address

Andrea Dencker / Atari, Inc.

477 Division Street

(Number and street)

Campbell

CA

95008

(City)

(State)

(ZIP code)

10. **Certification:** (NOTE: Application not acceptable unless signed)

I CERTIFY that the statements made by me in this application are correct to the best of my knowledge.



Andrea Dencker

(Signature of copyright claimant or duly authorized agent)

11. **Affidavit (required by law).** Instructions: (1) Fill in the blank spaces with special attention to those marked "(X)." (2) Sign the affidavit before an officer authorized to administer oaths within the United States, such as a notary public. (3) Have the officer sign and seal the affidavit and fill in the date of execution.

NOTE: The affidavit must be signed and notarized only on or after the date of publication or completion of printing which it states. The affidavit must be signed by an individual.

STATE OF California

COUNTY OF Santa Clara

I, the undersigned, depose and say that I am the

☐ Person claiming copyright in the book described in this application;

☒ Duly authorized agent of the person or organization claiming copyright in the book described in this application;

☐ Printer of the book described in this application.

That the book was published or the printing was completed on: (X) May 27, 1976

(Give month, day, and year)

That, of the various processes employed in the production of the copies deposited, the setting of the type was performed within the limits of the United States or the making of the plates was performed within the limits of the United States from type set therein; or the lithographic or photoengraving processes used in producing the text were wholly performed within the limits of the United States, and that the printing of the text and the binding (if any) were also performed within the limits of the United States. That such type-setting, platemaking, lithographic or photoengraving process, printing, and binding were performed by the following establishments or individuals at the following addresses:

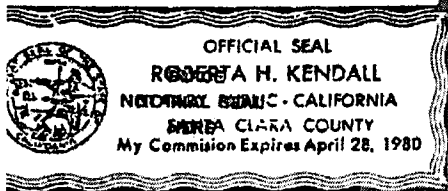
(GIVE THE NAMES AND ADDRESSES OF THE PERSONS OR ORGANIZATIONS WHO PERFORMED SUCH TYPESETTING OR PLATE MAKING OR LITHOGRAPHIC PROCESS OR PHOTOENGRAVING PROCESS OR PRINTING AND BINDING, ETC.)

Typesetting: The Bookmakers, Inc. Addresses (X) 1928-A Old Middlefield Way,

Mountain View, CA 94043

Printing: Printing Express

3032 Coronado Drive, Santa Clara, CA 95051



Andrea Dencker

(Signature of affiant)

(Sign and notarize only on or after date given above)

Subscribed and sworn to before me this 25

affirmed

day of June, 1976

[Signature]

(Signature of notary)

FOR COPYRIGHT OFFICE USE ONLY

Application and affidavit received

JUN 11 1976

Two copies received

JUN 11 1976

Fee received

247421 JUN 11 76

Renewal

FORM PA

UNITED STATES COPYRIGHT OFFICE

REGISTRATION NUMBER

PA 662-697



EFFECTIVE DATE OF REGISTRATION

Oct. 7, 1988

Month Day Year

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET.

TITLE OF THIS WORK ▼

1 SUPER BREAKOUT

PREVIOUS OR ALTERNATIVE TITLES ▼

NATURE OF THIS WORK ▼ See instructions

Audiovisual work

NAME OF AUTHOR ▼

2 a Atari, Inc.

DATES OF BIRTH AND DEATH

Year Born ▼

Year Died ▼

Was this contribution to the work a "work made for hire"?

☒ Yes☐ No

AUTHOR'S NATIONALITY OR DOMICILE

Name of Country

OR { Citizen of ▶

Domiciled in ▶ U.S.A.

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

Anonymous? ☐ Yes ☒ NoPseudonymous? ☐ Yes ☒ No

If the answer to either of these questions is "Yes," see detailed instructions.

NATURE OF AUTHORSHIP Briefly describe nature of the material created by this author in which copyright is claimed. ▼

Entire Audiovisual Work - See space 6.

NAME OF AUTHOR ▼

DATES OF BIRTH AND DEATH

Year Born ▼

Year Died ▼

Was this contribution to the work a "work made for hire"?

☐ Yes☐ No

AUTHOR'S NATIONALITY OR DOMICILE

Name of Country

OR { Citizen of ▶

Domiciled in ▶

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

Anonymous? ☐ Yes ☐ NoPseudonymous? ☐ Yes ☐ No

If the answer to either of these questions is "Yes," see detailed instructions.

NATURE OF AUTHORSHIP Briefly describe nature of the material created by this author in which copyright is claimed. ▼

NAME OF AUTHOR ▼

DATES OF BIRTH AND DEATH

Year Born ▼

Year Died ▼

Was this contribution to the work a "work made for hire"?

☐ Yes☐ No

AUTHOR'S NATIONALITY OR DOMICILE

Name of Country

OR { Citizen of ▶

Domiciled in ▶

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK

Anonymous? ☐ Yes ☐ NoPseudonymous? ☐ Yes ☐ No

If the answer to either of these questions is "Yes," see detailed instructions.

NATURE OF AUTHORSHIP Briefly describe nature of the material created by this author in which copyright is claimed. ▼

YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED

1978

Year

This information must be given in all cases.

DATE AND NATION OF FIRST PUBLICATION OF THIS PARTICULAR WORK

Complete this information ONLY if this work has been published.

Month ▶ June

Day ▶ 15*

Year ▶ 1978

United States

Nation

COPYRIGHT CLAIMANT(S) Name and address must be given even if the claimant is the same as the author given in space 2. ▼

Atari Games Corporation

675 Sycamore, P.O. Box 361110

Milpitas, California 95035

TRANSFER If the claimant(s) named here in space 4 are different from the author(s) named in space 2, give a brief statement of how the claimant(s) obtained ownership of the copyright. ▼

Assignment

APPLICATION RECEIVED

OCT 07 1988

ONE DEPOSIT RECEIVED

OCT 07 1988

TWO DEPOSITS RECEIVED

REMITTANCE NUMBER AND DATE

DO NOT WRITE HERE OFFICE USE ONLY

MORE ON BACK ▶

- Complete all applicable spaces (numbers 5-9) on the reverse side of this page.
- See detailed instructions.
- Sign the form at line 8.

DO NOT WRITE HERE

Page 1 of 2 pages

NOTE

Under the law, the "author" of a "work made for hire" is generally the employer, not the employee (see instructions). For any part of this work that was "made for hire"

020983577



020983577

4

See instructions before completing this space.

*Added by C.O. authority A. Sidney Katz
in phone call.

EXAMINED BY

FORM P.

CHECKED BY

☒ CORRESPONDENCE
Yes

☐ DEPOSIT ACCOUNT
FUNDS USED

FOR
COPYRIGHT
OFFICE
USE
ONLY

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET.

PREVIOUS REGISTRATION Has registration for this work, or for an earlier version of this work, already been made in the Copyright Office?

☐ Yes ☒ No If your answer is "Yes," why is another registration being sought? (Check appropriate box) ▼

☐ This is the first published edition of a work previously registered in unpublished form.

☐ This is the first application submitted by this author as copyright claimant.

☐ This is a changed version of the work, as shown by space 6 on this application.

If your answer is "Yes," give: Previous Registration Number ▼

Year of Registration ▼

DERIVATIVE WORK OR COMPILATION Complete both space 6a & 6b for a derivative work; complete only 6b for a compilation.

a. **Preexisting Material** Identify any preexisting work or works that this work is based on or incorporates. ▼

Arcade version of Breakout (pub. 1976)

b. **Material Added to This Work** Give a brief, general statement of the material that has been added to this work and in which copyright is claimed. ▼

New sounds and images in audiovisual work.

See instruction
before complete
this space.

DEPOSIT ACCOUNT If the registration fee is to be charged to a Deposit Account established in the Copyright Office, give name and number of Account.

Name ▼

Account Number ▼

CORRESPONDENCE Give name and address to which correspondence about this application should be sent. Name/Address/Apt/City/State/Zip ▼

A. Sidney Katz

Welsh & Katz

135 S. LaSalle Street, Suite 1625

Chicago, IL 60603

Area Code & Telephone Number ▶ (312) 781-9470

Be sure to
give your
daytime phone
number.

CERTIFICATION* I, the undersigned, hereby certify that I am the

Check only one ▼

☐ author

☐ other copyright claimant

☐ owner of exclusive right(s)

☒ authorized agent of Atari Games Corporation

Name of author or other copyright claimant, or owner of exclusive right(s) ▲

of the work identified in this application and that the statements made
by me in this application are correct to the best of my knowledge.

Typed or printed name and date ▼ If this is a published work, this date must be the same as or later than the date of publication given in space 3.

A. Sidney Katz

date ▶

10/4/81

Handwritten signature (X) ▼

MAIL
CERTIFI-
CATE TO

Certificate
will be
mailed in
window
envelope

Name ▼

A. Sidney Katz, Welsh & Katz, Ltd.

Number/Street/Apartment Number ▼

135 S. LaSalle Street, Suite 1625

City/State/ZIP ▼

Chicago, Illinois 60603

Have you:

- Completed all necessary spaces?
- Signed your application in space 8?
- Enclosed check or money order for \$10 payable to Register of Copyrights?
- Enclosed your deposit material with the application and fee?

MAIL TO: Register of Copyrights,
Library of Congress, Washington,
D.C. 20558.

* 17 U.S.C. § 506(e): Any person who knowingly makes a false representation of a material fact in the application for copyright registration provided for by section 409, or in any written statement filed in connection with the application, shall be fined not more than \$2,500.

☆ U.S. GOVERNMENT PRINTING OFFICE: 1981: 355-308

Nov. 1981-700,000

FORM PA
UNITED STATES COPYRIGHT OFFICE

REGISTRATION NUMBER

PA 175-215

EFFECTIVE DATE OF REGISTRATION

JUN 9 83
Month Day Year

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET.

1

TITLE OF THIS WORK ▼

Super Breakout

PREVIOUS OR ALTERNATIVE TITLES ▼

NATURE OF THIS WORK ▼ See instructions

Audiovisual work

2

NAME OF AUTHOR ▼

a Atari, Inc.

DATES OF BIRTH AND DEATH
Year Born ▼ Year Died ▼Was this contribution to the work a
"work made for hire"?
☒ Yes
☐ NoAUTHOR'S NATIONALITY OR DOMICILE
Name of CountryOR { Citizen of ► U.S.A.
Domiciled in ►WAS THIS AUTHOR'S CONTRIBUTION TO
THE WORKAnonymous? ☐ Yes ☒ No
Pseudonymous? ☐ Yes ☒ NoIf the answer to either
of these questions is
"Yes," see detailed
instructions.

NATURE OF AUTHORSHIP

Entire work - See space 6

Briefly describe nature of the material created by this author in which copyright is claimed. ▼

NAME OF AUTHOR ▼

b

DATES OF BIRTH AND DEATH
Year Born ▼ Year Died ▼Was this contribution to the work a
"work made for hire"?
☐ Yes
☐ NoAUTHOR'S NATIONALITY OR DOMICILE
Name of CountryOR { Citizen of ►
Domiciled in ►WAS THIS AUTHOR'S CONTRIBUTION TO
THE WORKAnonymous? ☐ Yes ☐ No
Pseudonymous? ☐ Yes ☐ NoIf the answer to either
of these questions is
"Yes," see detailed
instructions.

NATURE OF AUTHORSHIP

Briefly describe nature of the material created by this author in which copyright is claimed. ▼

NAME OF AUTHOR ▼

c

DATES OF BIRTH AND DEATH
Year Born ▼ Year Died ▼Was this contribution to the work a
"work made for hire"?
☐ Yes
☐ NoAUTHOR'S NATIONALITY OR DOMICILE
Name of CountryOR { Citizen of ►
Domiciled in ►WAS THIS AUTHOR'S CONTRIBUTION TO
THE WORKAnonymous? ☐ Yes ☐ No
Pseudonymous? ☐ Yes ☐ NoIf the answer to either
of these questions is
"Yes," see detailed
instructions.

NATURE OF AUTHORSHIP

Briefly describe nature of the material created by this author in which copyright is claimed. ▼

3

YEAR IN WHICH CREATION OF THIS
WORK WAS COMPLETED

1981

This information
must be given
in all cases.

DATE AND NATION OF FIRST PUBLICATION OF THIS PARTICULAR WORK

Complete this information
ONLY if this work
has been published.

Month ► January Day ► 8 Year ► 1982 **

U.S.A.

Nation

4

COPYRIGHT CLAIMANT(S) Name and address must be given even if the claimant is the
same as the author given in space 2. ▼Atari, Inc.
1265 Borregas Avenue
Sunnyvale, California 94086

APPLICATION RECEIVED

24 JUN 1983

9 JUN 1983

ONE DEPOSIT RECEIVED

9 JUN 1983 *

TWO DEPOSITS RECEIVED

REMITTANCE NUMBER AND DATE

230851 U.B. Special

MORE ON BACK ►

- Complete all applicable spaces (numbers 5-9) on the reverse side of this page.
- See detailed instructions.
- Sign the form at line 8.

DO NOT WRITE HERE

NOTE

Under the law the "author" of a work made for hire is generally the employer, not the employee (see instructions). For any part of this work that was made for hire, check "Yes" in the space provided, give the employer for other person for whom the work was prepared) as "Author" of that part, and leave the space for dates of birth and death blank.

See instructions before completing this space

* Special relief granted under
202.20 (d) of the C.O. Regs.

**In notice on label: "1978."
**In notice on package and instructions:
"1981."

PA 175-215

EXAMINED BY <i>PLG</i>	FORM PA
CHECKED BY	
<input checked="" type="checkbox"/> CORRESPONDENCE Yes	FOR COPYRIGHT OFFICE USE ONLY
<input type="checkbox"/> DEPOSIT ACCOUNT FUNDS USED	

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET.

PREVIOUS REGISTRATION Has registration for this work, or for an earlier version of this work, already been made in the Copyright Office?

☒ Yes ☐ No If your answer is "Yes," why is another registration being sought? (Check appropriate box) ▼

☐ This is the first published edition of a work previously registered in unpublished form.

☐ This is the first application submitted by this author as copyright claimant.

☒ This is a changed version of the work, as shown by space 6 on this application.

If your answer is "Yes," give: Previous Registration Number ▼

Pending

Year of Registration ▼

1983

5

DERIVATIVE WORK OR COMPILATION Complete both space 6a & 6b for a derivative work; complete only 6b for a compilation.

a. **Preexisting Material** Identify any preexisting work or works that this work is based on or incorporates. ▼

Audiovisual work entitled Breakout published in 1978. Arcade versions
of Breakout (pub. 1976) and Super Breakout (pub. 1978).

See instructions
before completing
this space.

6

b. **Material Added to This Work** Give a brief, general statement of the material that has been added to this work and in which copyright is claimed. ▼

New sounds in audiovisual work and new artwork and text on package
and instructions.

DEPOSIT ACCOUNT If the registration fee is to be charged to a Deposit Account established in the Copyright Office, give name and number of Account.
Name ▼ Account Number ▼

7

CORRESPONDENCE Give name and address to which correspondence about this application should be sent. Name/Address/Apt/City/State/Zip ▼

Brylawski & Cleary

224 East Capitol Street

Washington, D.C. 20003

Attn: Edwin Komen

Area Code & Telephone Number ▶

(202) 547-1331

Be sure to
give your
daytime phone
number

CERTIFICATION I, the undersigned, hereby certify that I am the

Check only one ▼

☐ author

☐ other copyright claimant

☐ owner of exclusive right(s)

☒ authorized agent of Atari, Inc.

Name of author or other copyright claimant, or owner of exclusive right(s) ▲

8

of the work identified in this application and that the statements made
by me in this application are correct to the best of my knowledge.

Typed or printed name and date ▼ If this is a published work, this date must be the same as or later than the date of publication given in space 3.

Edwin Komen

date ▶ June 23, 1983

Handwritten signature (X) ▼



MAIL
CERTIFI-
CATE TO

Certificate
will be
mailed in
window
envelope

Name ▼

Brylawski & Cleary

Number/Street/Apartment Number ▼

224 East Capitol Street

City/State/ZIP ▼

Washington, D.C. 20003

Have you:

- Completed all necessary spaces?
- Signed your application in space 8?
- Enclosed check or money order for \$10 payable to Register of Copyrights?
- Enclosed your deposit material with the application and fee?

MAIL TO: Register of Copyrights,
Library of Congress, Washington,
D.C. 20559.

9

* 17 U.S.C. § 506(a): Any person who knowingly makes a false representation of a material fact in the application for copyright registration provided for by section 409, or in any written statement filed in connection with the application, shall be fined not more than \$2,500.

☆ U.S. GOVERNMENT PRINTING OFFICE: 1981-355-307

FORM TX

UNITED STATES COPYRIGHT OFFICE

REGISTRATION NUMBER	
TX	180-834 TXU
EFFECTIVE DATE OF REGISTRATION	
Month	22 JAN 1979 Day Year

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE CONTINUATION SHEET

1 Title	TITLE OF THIS WORK:		PREVIOUS OR ALTERNATIVE TITLES:
	SUPER BREAKOUT Operation, Maintenance and Service Manual Complete with Illustrated Parts Catalog		NONE
	If a periodical or serial give: Vol. No. Issue Date		
PUBLICATION AS A CONTRIBUTION: (If this work was published as a contribution to a periodical, serial, or collection, give information about the collective work in which the contribution appeared.)			
Title of Collective Work: NONE Vol. No. Date Pages			

2 Author(s)	IMPORTANT: Under the law, the "author" of a "work made for hire" is generally the employer, not the employee (see instructions). If any part of this work was "made for hire" check "Yes" in the space provided, give the employer (or other person for whom the work was prepared) as "Author" of that part, and leave the space for dates blank.	
	NAME OF AUTHOR:	Atari, Inc.
	Was this author's contribution to the work a "work made for hire"? Yes <input checked="" type="checkbox"/> No	DATES OF BIRTH AND DEATH:
	AUTHOR'S NATIONALITY OR DOMICILE:	Was THIS AUTHOR'S CONTRIBUTION TO THE WORK:
	1 Citizen of U.S.A. or Domiciled in	Anonymous? Yes No <input checked="" type="checkbox"/> Pseudonym? Yes No <input checked="" type="checkbox"/>
	AUTHOR OF: (Briefly describe nature of this author's contribution)	If the answer to either of these questions is "Yes, see detailed instructions attached."
	NAME OF AUTHOR:	DATES OF BIRTH AND DEATH:
	Was this author's contribution to the work a "work made for hire"? Yes No	Born (Year) Died (Year)
	AUTHOR'S NATIONALITY OR DOMICILE:	Was THIS AUTHOR'S CONTRIBUTION TO THE WORK:
	2 Citizen of or Domiciled in	Anonymous? Yes No Pseudonym? Yes No
	AUTHOR OF: (Briefly describe nature of this author's contribution)	If the answer to either of these questions is "Yes, see detailed instructions attached."
	NAME OF AUTHOR:	DATES OF BIRTH AND DEATH:
Was this author's contribution to the work a "work made for hire"? Yes No	Born (Year) Died (Year)	
AUTHOR'S NATIONALITY OR DOMICILE:	Was THIS AUTHOR'S CONTRIBUTION TO THE WORK:	
3 Citizen of or Domiciled in	Anonymous? Yes No Pseudonym? Yes No	
AUTHOR OF: (Briefly describe nature of this author's contribution)	If the answer to either of these questions is "Yes, see detailed instructions attached."	

3 Creation and Publication	YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED:	DATE AND NATION OF FIRST PUBLICATION:
	Year 1978 (This information must be given in all cases.)	Date September 9 1978 (Month) (Day) (Year) Nation U.S.A. (Name of Country) (Complete this block ONLY if this work has been published.)

4 Claimant(s)	NAME(S) AND ADDRESS(ES) OF COPYRIGHT CLAIMANT(S):
	Atari, Inc. P.O. Box 9027 1272 Borregas Ave. Sunnyvale, California 94086
TRANSFER: (If the copyright claimant(s) named here in space 4 are different from the author(s) named in space 2, give a brief statement of how the claimant(s) obtained ownership of the copyright.)	
NONE	

- Complete all applicable spaces (numbers 5-11) on the reverse side of this page
- Follow detailed instructions attached
- Sign the form at line 10

DO NOT WRITE HERE

Page 1 of 1 pages

TX 180-834	EXAMINED BY: <i>HL</i>	APPLICATION RECEIVED JAN 22 79	FOR COPYRIGHT OFFICE USE ONLY
	CHECKED BY: <i>HL</i>	DEPOSIT RECEIVED JAN 22 79 JAN 22 79	
	CORRESPONDENCE: <input type="checkbox"/> Yes	REMITTANCE NUMBER AND DATE 118711 JAN 22 79	
DEPOSIT ACCOUNT FUNDS USED <input type="checkbox"/>			

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED ADDITIONAL SPACE, USE CONTINUATION SHEET (FORM TX/CON)

PREVIOUS REGISTRATION:

- Has registration for this work, or for an earlier version of this work, already been made in the Copyright Office? Yes No **XX**
- If your answer is "Yes," why is another registration being sought? (Check appropriate box)
 - ☐ This is the first published edition of a work previously registered in unpublished form
 - ☐ This is the first application submitted by this author as copyright claimant
 - ☐ This is a changed version of the work, as shown by line 6 of this application.
- If your answer is "Yes," give: Previous Registration Number: _____ Year of Registration: _____

5Previous
Registration

COMPILATION OR DERIVATIVE WORK: (See instructions)

PREEXISTING MATERIAL: (Identify any preexisting work or works that this work is based on or incorporates.)

NONE

MATERIAL ADDED TO THIS WORK: (Give a brief, general statement of the material that has been added to this work and in which copyright is claimed.)

NONE

6Compilation
or
Derivative
Work

MANUFACTURERS AND LOCATIONS: (If this is a published work consisting preponderantly of nondramatic literary material in English, the law may require that the copies be manufactured in the United States or Canada for full protection. If so, the names of the manufacturers who performed certain processes, and the places where these processes were performed must be given. See instructions for details.)

NAMES OF MANUFACTURERS

PLACES OF MANUFACTURE

CBM Type..... (typesetter).....
Sierra Lithograph, Inc. (printer).....

549-A Weddell Drive, Sunnyvale, CA 94086
162 San Lazaro Ave., Sunnyvale, CA 94086

7

Manufacturing

REPRODUCTION FOR USE OF BLIND OR PHYSICALLY-HANDICAPPED PERSONS: (See instructions)

- Signature of this form at space 10, and a check in one of the boxes here in space 8, constitutes a non-exclusive grant of permission to the Library of Congress to reproduce and distribute solely for the blind and physically handicapped and under the conditions and limitations prescribed by the regulations of the Copyright Office: (1) copies of the work identified in space 1 of this application in Braille (or similar tactile symbols), or (2) phonorecords embodying a fixation of a reading of that work, or (3) both.

a ☐ Copies and phonorecordsb ☐ Copies Onlyc ☐ Phonorecords Only**8**License
For
Handicapped

DEPOSIT ACCOUNT: (If the registration fee is to be charged to a Deposit Account established in the Copyright Office, give name and number of Account.)

Name: NONE
Account Number: _____

CORRESPONDENCE: (Give name and address to which correspondence about this application should be sent.)

Name: Andrea Dencker/Atari, Inc.
Address: P.O. Box 9027, 1272 Borregas Ave.,
Sunnyvale, California 94086
(City) (State) (ZIP)

9Fee and
Correspondence**CERTIFICATION:** * I, the undersigned, hereby certify that I am the: (Check one)

☒ Author ☐ Other copyright claimant ☐ Owner of exclusive right(s) ☐ Authorized agent of _____

(Name of author or other copyright claimant or owner of exclusive right(s) of the work identified in this application and that the statements made by me in this application are correct to the best of my knowledge)


Handwritten signature (X) *Andrea Dencker*

Typed or printed name Andrea Dencker/Atari, Inc.

Date 12/4/78

10Certification
(Application must be signed)

Andrea Dencker/Atari, Inc.
(Name)

P.O. Box 9027, 1272 Borregas Ave.
(Number, street and Apartment Number)

Sunnyvale, California 94086
(City) (State) (ZIP Code)

MAIL
CERTIFICATE
TO

26 FEB 1979
(Certificate will be mailed in window envelope)

11Address
For Return
of
Certificate